

2019

AHSRI 2018 Annual Report

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Publication Details

D. Morris, AHSRI 2018 Annual Report (Australian Health Services Research Institute, University of Wollongong, 2019).

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AHSRI

2018 ANNUAL REPORT



Celebrating 25 years of health services research

delivering impact and outcomes for patients,
providers and the health system



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

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AHSRI generates robust evidence through rigorous research and evaluation that informs and supports better management of health and community services across Australia. Our innovative work facilitates greater equity in resource distribution, fairer access to services, improved continuity within and across health and community care sectors, and evidence-based decision making.



AHSRI's Wollongong premises are pictured above [photo courtesy of Dragon Photography]. Illawarra's coastline is pictured on the cover.

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Acknowledgement of country and traditional owners

We acknowledge Aboriginal Peoples are Australia's first Peoples and the Traditional Owners and Custodians of the land on which we work. We pay respect to the traditional owners of the land on which AHSRI now stands; the Wadi Wadi people of Dharawal Country. It is upon their ancestral lands that the University of Wollongong is built.

Message from the Director



In 2018 we marked the 25th anniversary of our establishment and another highly successful year for the Australian Health Services Research Institute (AHSRI), a key research entity of the Sydney Business School, University of Wollongong (UOW).

Since our establishment as the Centre for Health Service Development in 1993, we have undertaken over 350 health services research,

development and evaluation projects, ranging in size from \$2,000 to \$9 million. In 2018, we finished the year having won over \$10 million in grants and other funding. Our work is focused on generating real-world impact through improving health outcomes for consumers, supporting service providers to explore innovative ways of delivering high quality care and stimulating innovative policy development and health system change.

AHSRI staff work across six major research centres, with each centre having its own director and leadership team, funding goal, governance structure and stakeholder management strategy. Our six major centres are the:

- Centre for Health Service Development (CHSD)
- Centre for Health Research Illawarra Shoalhaven Population (CHRISP)
- National Casemix and Classification Centre (NCCC)
- Australasian Rehabilitation Outcomes Centre (AROC)
- Palliative Care Outcomes Collaboration (PCOC)
- electronic Persistent Pain Outcomes Collaboration (ePPOC)

Our expertise in health service development is evidenced through our delivery of numerous projects that encompass wide-ranging aspects of care coordination and service integration. We have an established track record in the conduct of complex program evaluations and analyses of health policy and management issues as evidenced by our continuing success in securing funding for this research. In the past five years the CHSD has focused evaluation and policy analysis efforts in the sectors of mental health and aged care and, in 2018, CHSD undertook multiple research and evaluation projects across the health and aged care sectors.

We are leaders in health outcomes measurement and clinical benchmarking in rehabilitation, palliative care, and chronic and persistent pain. This work is framed within our Australasian Health Outcomes Collaboration (AHOC) and driven by our three outcome centres: AROC, PCOC and ePPOC. Within Australia,

these centres are funded by major stakeholders, including the Commonwealth, State and Territory health departments, the private health sector and professional entities. Our centres actively partner with industry, government and the community, both locally and internationally, in research that improves clinical care and health outcomes and 2018 was another rewarding year for each of these centres.

AHSRI has a strong history of generating research impact through our work in health and community care financing and casemix classification development across health, community, disability and aged care sectors. A major contribution to this field in 2018 includes the Resource Utilisation and Classification Study (RUCS) in residential aged care, led by the NCCC and CHSD. This study will determine the drivers of cost in residential aged care and develop a resident classification system and funding approach to reflect these, informing the Australian Government's decisions around future funding reforms in aged care.

We also have an extensive program of Indigenous led health research, which has been fostered within CHSD over the past decade. Throughout this period the program has expanded from the work of one senior researcher, Professor Kathleen Clapham, to a small team of committed researchers and research students. This year preparatory work commenced to formalise this program of research with the establishment of a new centre. Our vision is that this centre will become a focal point for high impact, Indigenous led, health and wellbeing research which sustains the strong and enduring partnerships with the Indigenous communities in our region and elsewhere. We look forward to launching this important new centre in 2019.

Finally, our most recently established research centre, CHRISP, continued to go from strength to strength in 2018. CHRISP is a joint research partnership with the Illawarra Shoalhaven Local Health District (ISLHD) and provides a sophisticated information platform to connect data for health and medical research in the Illawarra. These data are available for use in ethically-approved research and for planning and evaluation projects which aim to improve the health of the population of the Illawarra and beyond. A number of important projects, both priority-driven and investigator-driven, were completed over the year; the findings of these projects are translating into significant impacts for health policy and practice.

Our affiliation with, and relationships within, Sydney Business School UOW (and the Faculty of Business more broadly) are critical to our ongoing success. We anticipate that 2019 will be another exciting year for AHSRI, and we look forward to continuing to work with the Faculty to ensure sustained success.

A handwritten signature in black ink that reads "Kathy Eagar".

Professor Kathy Eagar
Director, AHSRI

Management Advisory Board

The Terms of Reference of the AHSRI Management Advisory Board are to:

- Determine, in conjunction with the AHSRI Director and AHSRI staff, AHSRI research and development strategic directions, priorities and policies;
- Represent the views of the broader health and health service research sectors;
- Examine and evaluate health service research and development opportunities and strategies;
- Receive and consider reports on:
 - the range of activities undertaken by the AHSRI; and
 - financial management and expenditure;
- Provide advice on policy issues related to health service research and development that emerge from the concerns of industry or government, or that may be referred to it; and
- Provide advice on health service research policies, strategies and activities to assist the AHSRI to remain relevant and useful to its industry partners and the wider community.

The AHSRI Management Advisory Board consists of an independent Chair; two nominees of the University of Wollongong (UOW); two nominees of the Illawarra Shoalhaven Local Health District (ISLHD); the AHSRI Director; invited individuals including community representatives; and two AHSRI staff representatives.

Board members during 2018 were:

Mr Paul Sadler (Chair)

CEO, Presbyterian Aged Care NSW and ACT
Appointed 15 June 2001

Professor Kathy Eagar

Director, Australian Health Services Research Institute
University of Wollongong
Appointed 15 June 2001

Professor Grace McCarthy

Dean, Sydney Business School
University of Wollongong
UOW representative (Vice-Chancellor nominee)
Appointed 23 February 2016

Professor David Steel

Director, Centre for Statistical and Survey Methodology
University of Wollongong
UOW representative (Vice-Chancellor nominee)
Appointed 15 June 2001

Professor Leonard Arnolda

Director, Clinical Research
Illawarra Shoalhaven Local Health District nominee
Appointed 21 June 2016

Professor Jan Potter

Director, Division of Aged Care and Rehabilitation
Illawarra Shoalhaven Local Health District nominee
Appointed 26 August 2011

Mr Dominic Dawson

Associate Director, Business Intelligence and Efficiency
South Eastern Sydney Local Health District
Appointed 29 April 2015

Dr Keith McDonald

CEO
South Western Sydney Primary Health Network
Appointed 26 June 2015

Ms Michelle Noort

Executive General Manager, Health
Silver Chain Group
Appointed 28 May 2010

Mr Michael Bassingthwaite

CEO, Peoplecare
Appointed 26 November 2010 (retired 29 June 2018)

Dr Melinda Williams

CEO, Peoplecare
Appointed 29 June 2018

Ms Tineke Robinson

Community representative
Appointed 10 December 2002 (retired 8 August 2018)

Professor Kathie Clapham

Professor of Indigenous Health
Appointed 26 November 2010

Dr Hilarie Tardif

AHSRI staff representative
Appointed 26 June 2015

Ms Tara Alexander

AHSRI staff representative
Appointed 5 March 2005

Centre Updates

Centre for Health Service Development (CHSD)



As AHSRI marked its 25th anniversary in 2018, the CHSD also joined in celebrating this special milestone; AHSRI was established as an Institute in 2011 progressing from its original inception as the CHSD in 1993.

CHSD's success during this anniversary year was reflective of, and built on, the significant achievements we have made in a quarter of a century. Our strategic approach to undertaking commissioned health services research projects, resulted in the CHSD team generating over \$2.5 million in research funding across multiple projects.

We continued to focus a substantial amount of our evaluation and policy analysis efforts in the areas of mental health and aged care; sound progress was made on several national and state-level mental health projects, including evaluations of the NSW Health LikeMind initiative and Pathways to Community Living Initiative, and Lifeline's Text4Good Pilot Trial. In the aged care sector, CHSD's involvement in the Resource Utilisation and Classification Study also stepped up tremendously in 2018; this key research project has already provided critical information for the design of future funding models for residential aged care in Australia, and is discussed at length in the 'Research Highlights'

section of this annual report.

An array of other projects designed to maximise impact and engagement either commenced, continued or concluded during 2018, including several dementia-related projects undertaken by Dr Lyn Phillipson and her team, as well as projects within the Indigenous health research program carried out by Professor Kathleen Clapham and colleagues. A change in organisational structure occurred with the Centre for Applied Statistics in Health rolled back into CHSD in response to the integration of statisticians into the line management structure of our outcome centres. The Australasian Health Outcomes Collaboration (AHOC), based in Canberra under the leadership of Associate Professor Jan Sansoni, is also operating under the umbrella of CHSD.

The robust research undertaken by CHSD continues to result in not only sustained scholarly output, but also practical and policy-related outputs for diverse audiences, including government and non-government agencies.

The successes of 2018 are a testament to the combined efforts of CHSD staff; we are very proud of the work we have done and the impact we have had over the past 25 years. We remain particularly excited about our potential to contribute to ongoing improvements in Australia's management and provision of health, community and aged care services over the next 25 years.

Additional information about CHSD is available at <http://ahsri.uow.edu.au/chsd>.

Centre for Health Research Illawarra Shoalhaven Population (CHRISP)



The Illawarra Shoalhaven Local Health District (ISLHD) and the University of Wollongong (UOW) research partnership was formed in mid-2016, with the aim of supporting two main streams of research:

- Priority driven research, which aligns with the priorities of ISLHD and
- Clinician/investigator driven research, which aligns with the research interests of the clinician/investigator.

The partnership also supports student projects (both undergraduate and postgraduate) many of which are being undertaken by ISLHD clinicians.

The CHRISP team, staffed by UOW and ISLHD employees, has research expertise in medicine, public health, statistics, epidemiology, information technology and data integration. The Illawarra Health Information Platform (IHIP) is a powerful stand-alone data linkage IT system, which can provide non-identifiable health data sets to researchers following appropriate human ethics and governance approvals.

A summary of CHRISP achievements, since its inception, is provided below under each of the four main goals of the partnership.

1. Provide access to high quality health data

The CHRISP team has successfully negotiated ISLHD/UOW human ethics approval for the establishment of the IHIP data linkage system and the IHIP data linkage protocol which complies with relevant data security and privacy standards. A range of policies and processes have been developed to streamline appropriate access to the high quality non-

identifiable health data available in IHIP with ultimate authorisation provided by the CHRISP Executive Steering Committee (comprising executives from ISLHD and UOW) and/or the ISLHD board.

To date, CHRISP has provided high quality health data for 29 research projects in accordance with relevant legislation, ethics and governance requirements. Figure 1 provides a summary of the ISLHD and third party data sets which have been added, are being added, or are currently under negotiation for inclusion, into IHIP.

2. Undertake research – population health, health services and clinical

The approved CHRISP projects comprise 16 clinician/ investigator driven projects, four ISLHD priority driven projects and nine student driven projects (including three PhD students and three Master's students). Many ISLHD clinicians/ investigators are undertaking research projects including staff specialists, advanced trainees, medical interns and residents, as well as allied health personnel. All three PhD students have been successful in obtaining scholarships to complete their studies and one of the Master's students is an ISLHD pharmacist.

The approved CHRISP projects can be categorised into one of the following six main research themes:

- Service utilisation/ demand - trends and drivers, need/ gaps
- Chronic conditions and risk factors for recurrent presentations/ admissions
- Frail elderly and end of life
- Mental health
- Adverse events
- Service/ policy/ program evaluation

3. Build capacity for research and evaluation

CHRISP has built capacity through leading the priority driven research projects and providing expert advice and support in research design, analysis and dissemination of findings for investigator-driven projects. The team has assisted with longitudinal and linked data management and integration, student supervision and staff mentoring within ISLHD and UOW.

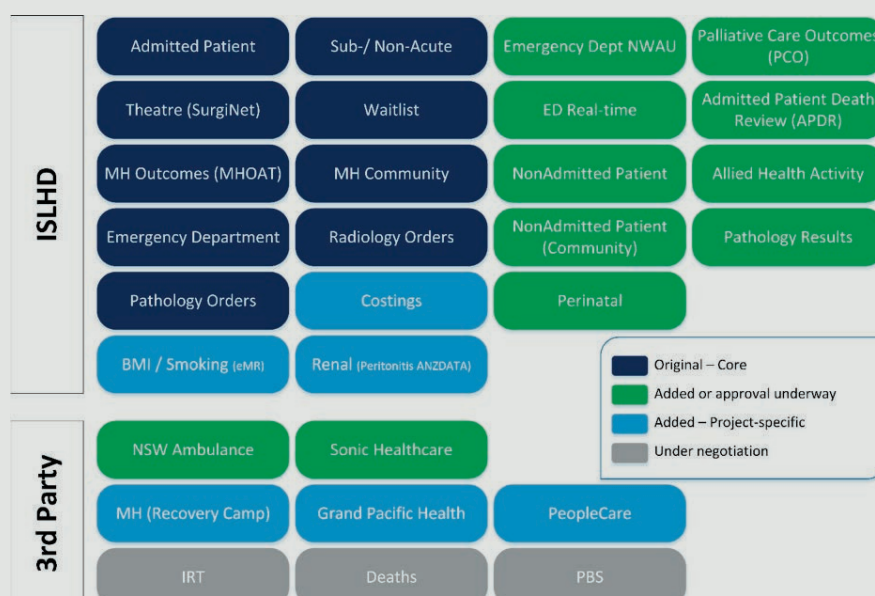
In addition to the ISLHD/UOW partnership, CHRISP is undertaking collaborative research with external stakeholders from the broader health sector (e.g. COORDINARE, Grand Pacific Health, Southern IML, Illawarra Retirement Trust, health insurers, NSW pathology and NSW Ambulance). CHRISP has been involved in securing over \$1 million of successful funding for 11 research projects currently underway.

4. Translate research findings into policy and practice

The CHRISP team have disseminated their research findings locally, nationally and internationally through: peer reviewed journal publications (8 accepted; 4 under review); conference/ invited speaker presentations (61 delivered); brief reports (22 developed); and workshops (5 including 2 translational research workshops and 3 data analytics workshops).

In just over two years the ISLHD/UOW research partnership has demonstrated a 'proof of concept' that the CHRISP/IHIP model provides an innovative platform to: undertake research which is relevant to the local population; build research capacity; and expedite the rapid translation of research findings into policy and practice.

Data sets added or under negotiation for inclusion in IHIP



National Casemix and Classification Centre (NCCC)



The year saw a continuation of the major project work being led by the NCCC involving the development of classifications and casemix systems for care delivery settings where these approaches are not currently established. This work included two large projects, one for the health division of Silver Chain, a community and home-based care provider, and another in residential aged care for the Commonwealth Department of Health (the Resource Utilisation and Classification Study, RUCS). Both projects were ongoing from preliminary work that had been completed over the previous two years.

This year marked the completion of the research partnership with Silver Chain that had been established in 2016. Fundamental to this three phase project was the building of capacity within the organisation, as well as the development of casemix tools. Our team from the NCCC worked closely with key staff and various stakeholder and advisory groups to achieve these outcomes. A significant outcome was the development of a classification for home-based community care, which was delivered as part of the casemix-based management system.

NCCC's expertise in the areas of activity based costing studies and casemix classification development provided a critical contribution to the RUCS. The NCCC team worked collaboratively with CHSD staff members to successfully complete the four studies that comprised this important

national study. The RUCS final reports are scheduled to be delivered in early 2019.

The provision of education on casemix systems and casemix analytics was maintained by NCCC throughout 2018 with the delivery of several training sessions and workshops. These were tailored to the organisational requirements across both the Silver Chain and RUCS projects and were important in establishing an understanding of casemix systems and their application in the different care settings.

An additional project was commenced in July 2018 which involved the development of a clinical documentation improvement (CDI) program. The growth in the implementation of such programs in Australia has been driven by the introduction of activity based funding, and NCCC was able to apply their knowledge of the classifications and casemix systems used in the funding model to design the CDI program, including staff training and support.

More information about NCCC can be found at <http://nccc.uow.edu.au>.

A core team of staff, including the NCCC team, are based at our Sydney location in Circular Quay. Our centre at the Sydney Business School, University of Wollongong, is also utilised to conduct workshops, meetings and teaching. Our affiliation with the Sydney Business School, University of Wollongong, and our location in the heart of Sydney are critical to our ongoing success.



Australasian Rehabilitation Outcomes Centre (AROC)



australasian rehabilitation
outcomes centre

AROC was established as the rehabilitation medicine clinical outcomes registry on 1 July, 2002, and has five roles:

- A national 'data bureau' that receives and manages data on the performance of rehabilitation services in Australia and New Zealand
- The national 'benchmarking centre' for medical rehabilitation
- The national certification centre for the Functional Independence Measure (FIM) instruments (designed to measure functional needs and outcomes)
- An education and training centre for the FIM and other rehabilitation outcome measures
- A research and development centre that seeks external funding for its research agenda.

AROC membership in 2018 comprised 288 data-submitting inpatient rehabilitation units (249 within Australia and 39 from New Zealand) with 139,820 inpatient episodes submitted. AROC continued to recruit ambulatory units, with 58 members submitting 12,400 episodes in 2018. AROC now works with all specialist paediatric rehabilitation units around Australia and New Zealand with seven submitting data in 2018 (400 inpatient episodes and 236 ambulatory episodes). Throughout the year, as core business, AROC continued to provide routine benchmarking reports to inpatient and ambulatory member facilities and summary reports to non-data submitting stakeholders. AROC also published the first paediatric benchmark reports.

In 2018 AROC Master Trainers conducted more than 82 face-to-face FIM/WeeFIM workshops across Australia and New Zealand. In addition, since the introduction of the online FIM and online WeeFIM refresher courses more than 1,000 courses have been undertaken. More than 6,500 clinicians FIM/WeeFIM credentialed or re-credentialed in 2018.

Major undertakings in 2018 included:

- Initiation of data linkage collaborations with the Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR) and the Australian Stroke Clinical Registry (AuSCR). These collaborations will see the linkage of AROC

with data from acute care settings allowing the development of research questions that span both acute and subacute care settings

- Continued delivery of funded research projects with the:
- NSW Agency for Clinical Innovation - Rehabilitation unwarranted clinical variation report
- Summer Foundation - Young people (<65 years old) entering residential aged care
- Received and actioned numerous requests for access to AROC data, an increasing number of which require elements of data linkage.

In addition AROC participated in a Datathon. A Datathon is an event where clinicians, researchers and data scientists access large datasets over a weekend, to answer research questions with the potential to inform health care policy or practice. From AROC's perspective, datathons provide a collaborative forum for rapid exploration of data to answer relevant clinical questions. This aids understanding of where rehabilitation fits within the broader health system and how early decisions in acute care influence long term outcomes. The theme of the 2018 Datathon was 'Critical Care Recovery', with the aim of exploring the health and community outcomes for patients after their journey through the hospital setting.

AROC continued to provide jurisdictional benchmarking workshops in both Australia and New Zealand. These workshops provided the opportunity for all providers of rehabilitation to compare the outcomes (casemix adjusted) they achieved for their patients with other facilities in their jurisdiction, and thereby gain insight into avenues for improvement. In 2018 jurisdictional benchmarking workshops were held in New South Wales, Queensland, Victoria, South Australia, Western Australia, Tasmania, Northern Territory, (seven in) New Zealand, and a number of workshops for services belonging to major private hospital groups.

AROC related papers were presented at several conferences, including a plenary paper at the 3rd Annual Scientific Meeting of the Rehabilitation Medicine Society of Australia and New Zealand (RMSANZ). Numerous other presentations were given to parties interested or involved with AROC.

The AROC Annual Report for 2018 provides information describing the provision of medical rehabilitation and the outcomes it achieves in Australia and New Zealand. This report and more information about AROC can be found at www.aroc.org.au.

Palliative Care Outcomes Collaboration (PCOC)



palliative care
outcomes collaboration

PCOC is a national palliative care outcomes and benchmarking program funded by the Australian Government Department of Health, established in 2005. PCOC's primary objective is to systematically improve patient and family outcomes in palliative care through the commitment of participating services.

Evidence based improvement of patient, family and carer outcomes

PCOC has grown into a highly successful, mature research program, with the University of Wollongong leading the collaboration in partnership with the University of Western Australia, Queensland University of Technology, and University of Technology, Sydney.

We now hold patient outcome data for approximately 25% of all predictable deaths in Australia each year. At the unit record level, data is held on 250,000 deaths and one million palliative care phases.

A steady stream of peer-reviewed publications are produced each year, as well as twice-yearly patient outcome reports for more than 100 palliative care services. In relation to research translation, we have evidence that pain and symptom control has improved across Australia by more than 10% since we introduced systematic patient outcome measurement and benchmarking.

The changing face of PCOC

The 2018 year marked a new direction for PCOC with the scope of participation broadening to include acute, primary and aged care. This expansion was aided by PCOC's move to a modular approach in 2017. The PCOC 2018 – 2020 model aims to continue to measure and drive improvements in patient and carer outcomes. At the same time, PCOC aims to capture profile data on other patients at end-of-life. This will help the sector gain a better understanding of both met and unmet need. PCOC will work closely with sector partners at a national and jurisdictional level to embed the PCOC tools into any health setting where palliative and end-of-life care occurs.

Supporting services through benchmarking opportunities

Three benchmarking workshops for inpatient, community and consultation services were held, investigating ways to improve patient outcomes by bringing services with similar models and characteristics together and sharing benchmark information. These events help to re-focus service representatives on the purpose of participating in PCOC and inspire them with new ideas to drive local continuous improvement. Professor Kathy Eagar presented the national patient outcome results for January – June 2018, and a talk on death and dying in Australia. Encouragingly, 75% of attendees who provided feedback stated they will make changes as a result of the workshops.

Research highlight

Team members of PCOC published an article in BMJ Supportive and Palliative Care entitled Palliative care is effective: but hospital symptom outcomes superior. The research investigated symptom outcomes at the end-of-life, demonstrating that care provided in a hospital or hospice setting achieves better outcomes than care provided at home. This is important information for policy makers and the palliative care sector, where the focus has traditionally been on people dying at home, rather than dying in their place of choice or where their symptoms are best managed.

Development of the profile collection (Module 2 of PCOC model)

An advisory panel was engaged to develop, consult and test a new data collection to profile palliative and end-of-life care in Australia. The profile collection is purpose built to be used in any setting of care by a variety of health care professionals. It complements (but can be used independently of) the current PCOC outcome collection. The advisory panel consisted of a broad range of clinical and policy experts from aged, primary and acute sectors. The pilot phase for this collection is scheduled for 2019.

electronic Persistent Pain Outcomes Collaboration (ePPOC)



As a program which aims to improve services and outcomes for people experiencing chronic pain, ePPOC involves specialist pain management services collecting standardised data about their patients and the treatment they receive. This data collection in turn allows standardised reporting, analysis and benchmarking. ePPOC also encompasses PaedePPOC, which addresses the differing needs of the paediatric pain management sector. PaedePPOC allows collection of data items and assessment tools specific to the needs of children, adolescents and their carers.

Throughout 2018 approximately 80 pain management services across Australia and New Zealand contributed information to ePPOC, including seven paediatric pain management services. Over 75,000 patients are now registered in the ePPOC database.

A system for benchmarking outcomes has been implemented, with the sector adopting targets relating to pain and pain interference, depression, anxiety and stress, pain catastrophising, self-efficacy, opioid use and waiting times. These benchmarks allow identification of the proportion of people who make clinically meaningful improvement in these important domains, and also aid

understanding of the variation in outcomes between pain services and jurisdictions. The process of establishing these national benchmarks – a world first in the persistent pain sector – was presented at the International Association for the Study of Pain in Boston in 2018.

The value of the ePPOC data and protocols are increasingly being recognised throughout the sector, and we have begun collaborative projects with several organisations. For example, a project is underway with the Transport Accident Commission and WorkCare Victoria to examine outcomes for clients experiencing chronic pain. A study is also in train with iCare NSW to evaluate the effectiveness of an early intervention program for injured workers at risk of developing persistent pain. Our ePPOC team is engaged in a national Pain MedsCheck trial which is being conducted by the Pharmacy Guild of Australia. A final example is provided through our work with the Department of Veterans' Affairs to describe and evaluate outcomes for service men and women experiencing chronic pain.

More information about ePPOC can be found at <http://ahsri.uow.edu.au/eproc>.

Vale Tineke Robinson

It is with great sadness that we announce the passing of our colleague Tineke Robinson. Tineke was a key member of the AHSRI Management Advisory Board, initially appointed as a health service representative when the Board was established in 2002, then serving as a community representative from 2004 (also serving as the Chair from 2010 to 2016). In this capacity, the guidance Tineke provided was instrumental in forging AHSRI's strategic direction and development.

In addition to her work with AHSRI, Tineke made a significant contribution to the health industry, with 30 years' experience across the public sector, private consultancy, health services research, strategic planning and consumer advocacy.

She spent her first years in the health system in the mid-1980s working in palliative care at a time when 'death and dying' was still something of a taboo subject. Tineke displayed the compassion that was at the core of her nature and worked vigorously to support the development of palliative care. Through her efforts a dedicated inpatient unit was established in the Illawarra and the role of community health nursing was expanded to encompass a holistic approach to the care of people with a terminal illness.

From palliative care Tineke moved into the field of health planning and service development, taking on the role of Director of Health Service Development for the Illawarra Area Health Service. She was known for her sheer hard work, absolute professionalism and a commitment to her team, her peers and the wider organisation. She was well respected and liked by all and this is largely because she treated everyone the same. What you saw with Tin was what you got, an authentic and genuine interest in you as a person. Tineke's work advanced health service delivery in the Illawarra, she had a strong belief in reducing health inequalities across the region and a passion to make a real and lasting difference to health care delivery and improve patient and community outcomes. Tineke led the amalgamation of previously fragmented services into an integrated unit – the Directorate of Population Health and Planning. With her team she led the planning for Wollongong Hospital to develop its tertiary referral role and championed major service developments in mental health, women's health and cancer services.

Tineke developed a level of trust, respect and true partnership around many shared interests with community leaders. This is perhaps best exemplified through her stewardship of a Regional Aboriginal Health Plan and Partnership Agreement between Illawarra Health and Aboriginal Community Controlled Health Organisations which was signed in April 2000. She did this in collaboration with Aunty Iris, a respected Aboriginal elder who recognised that Tineke wanted to understand Aboriginal health issues and stood out amongst other executives because of her willingness to listen and learn about Aboriginal culture.

Tineke used her energy and influence to support quality improvement initiatives establishing the first Area Quality

Coordinator position within the health service. Through her close links with primary health care she was prominent in facilitating the introduction of electronic admission and discharge information to General Practice.

Tineke had a recognised ability to effectively engage with the medical profession and with clinicians more generally. An example of her skill in this regard was her leadership role in developing the Cancer Model for NSW adopted in the NSW Optimising Cancer Management Initiative. Tineke used her negotiation skills to deliver a product that was acceptable to NSW Health and the wider health system. Tineke was also instrumental in securing funding for a Graduate Certificate in Management at the University of Wollongong specifically designed to provide Illawarra Health managers with practical skills and knowledge to enhance their roles in health care management.

Tineke had a tremendous impact on the many colleagues and health professionals she interacted with, filling the workplace with optimism, dignity and integrity.

At a professional level, Tineke was an extraordinary leader as she cared about those who worked with and for her, always displaying great kindness, generosity and loyalty. Her energy was infectious as was her willingness to 'roll up her sleeves' and tackle whatever challenge the workplace generated.

Tineke taught many of us important life lessons – those lessons will never leave us, though sadly Tin has. We thank her and shall miss her.



Tineke Robinson, an extraordinary individual who made an exceptional contribution to AHSRI (21 August 1943 – 8 August 2018)

Awards, Recognitions & Events

Marlene Longbottom awarded University of Wollongong's inaugural Aboriginal Postdoctoral Research Fellowship

Marlene Longbottom, a Postdoctoral Research Fellow at AHSRI, was awarded the inaugural Vice-Chancellor's Aboriginal Postdoctoral Research Fellowship, commencing in her new role in October 2018. This position is extremely significant given it is a first for the University of Wollongong and we congratulate Marlene on this noteworthy achievement.

The Vice-Chancellor's Postdoctoral Research Fellowships scheme aims to grow research capacity and capability at UOW by attracting researchers to undertake full-time research to establish strategic research programs. The Fellows have a highly competitive track record and aim to strengthen the University's research profile and priorities.

Marlene's postdoctoral work is 'An international study on systemic responses to Indigenous people who experience violence and trauma'. Very little literature is available that documents and identifies programs that support healing from violence and trauma, that are trauma informed and strengths based, in addition to, being locally contextualised to Australian Aboriginal and Native Hawaiian communities. Focusing on service level responses, this study will contextualise the challenges and enablers that can create vulnerability with a focus on race, gender, class, sexuality and ableism as it relates to Aboriginal Australians and Native Hawaiian people. A historical component will focus and theorise the gendered stereotypes and identify racialised discourses, representation and positioning of Indigenous women and men in NSW and Hawaii (1890-Current). Through a critical ethnographic component

Dr Longbottom will document Indigenous-specific community organisations' approaches to addressing violence and trauma through culturally grounded, strengths-based and trauma-informed/responsive strategies.

In addition to being awarded the Aboriginal Postdoctoral Research Fellowship, Marlene also completed a PhD in 2018. Her thesis was titled 'Balwalwanga bhulungs: We are strong women'. This work brings forth the voices of 14 brave and courageous Aboriginal women, from South Eastern NSW, who have survived life threatening experiences and extremely traumatic violence. The core of this work was intended to provide a safe space for Aboriginal women survivors to share their stories, some for the first time, so that their experiences might help other Aboriginal women in similar situations and inform evidence based practice. The voices of the women speak of the strength to survive where they are now thriving. The work includes the personal testimonies of Aboriginal women, including the theorising of the social construction of Aboriginal women, historical and ongoing cumulative effects of trauma, racism, the health implications of violence and racism, and intersectional factors that impeded access to service providers for support. This work theorises how Aboriginal women experience violence and racism, while also challenging the Western created ideology that Aboriginal culture is violent and that violence is an Aboriginal way of being. This thesis places Aboriginal women as the knowers, and unapologetically, centres and amplifies their voices and stories.



Marlene Longbottom, UOW's inaugural Aboriginal Postdoctoral Research Fellow (left), with colleague Professor Kathleen Clapham, Professor (Indigenous Health) (right) [photo courtesy of Robert Peet]

Lyn Phillipson appointed World Health Organization Age-friendly mentor

Leadership program to help develop age-friendly communities around the world

Dr Lyn Phillipson, NHMRC Dementia Fellow based at AHSRI, has been appointed as an Age-friendly Mentor by the World Health Organization (WHO) and the International Federation of Aging.

Dr Phillipson is one of only 20 people worldwide to be named as a mentor under the Age-friendly Environments Mentorship Programme (MENTOR-AFE), established to foster leadership development in people striving to make their communities more responsive to people of all ages.

The program is for individuals who have the potential to gain significantly from mentoring and whose actions can have a significant impact within their communities.

“I was appointed as an Age-friendly Mentor on behalf of the WHO and International Federation of Aging to help build more capacity for age-friendly initiatives around the world,” Dr Phillipson said.

“This is the first time they have run the program, so to be an inaugural mentor is a real honour.”

Dr Phillipson is an award-winning public health academic, a National Health and Medical Research Council-Australian Research Council Dementia Research Fellow, and leads UOW's Dementia Friendly Communities and Organisations project.

Dementia Friendly Communities and Organisations, funded by the Global Challenges Program, is an interdisciplinary project to increase public understanding of dementia and reduce the fear, stigma and social exclusion associated with living with dementia. As part of the project, Dr Phillipson and her team have been working with Kiama Municipal Council, the Kiama community and Dementia Australia to make Kiama Australia's first dementia-friendly community.

“Creating age-friendly environments is an important global issue due to the aging of our populations,” Dr Phillipson said.

MENTOR-AFE is a distance mentoring program. Over a 12-month period, the mentor will provide guidance and support to enable the mentee to develop the specific skills they need to advance their work on age-friendly environments. Dr Phillipson's mentee, Ms Amela Fočić, works for the Swiss Red Cross and lives in Bosnia and Herzegovina, where she is working towards making the city of Tuzla more age friendly.

“If possible, I would like to share with Amela the importance and benefits of working with older people and making sure that the approach is collaborative and participatory,” Dr Phillipson said.

“I would also particularly like to support Amela to think about how the project can be dementia friendly as well as age friendly.”

Adapted from original story written by Ben Long, University of Wollongong



Dr Lyn Phillipson has been appointed as an Age-friendly Mentor by the World Health Organization

Rebecca Lachlan named Wollongong Woman of the Year

Aged only 26 at the time, life for Rebecca Lachlan (nee Schmidt) changed forever one fateful day in March 2008. It was at this stage in her life that Rebecca, who worked as an Administration Officer and was active in a range of sports including as a netball coach, suffered a blood clot to the brain stem resulting in a stroke. When Rebecca awakened from her stroke, eye movement was her only response. She spent the next seven and a half months in hospital followed by two and a half years of rehabilitation.

Rebecca currently has an administrative role with AROC at AHSRI. In addition she is a StrokeSafe Ambassador for the Stroke Foundation Australia and is also a Board Member of the StrokeSafe Consumer Council and assists with Stroke Week and Stride4Stroke. Along with her work schedule at UOW she volunteers with the Australian Centre for Leadership for Women in the Illawarra and also advocates for the Unanderra Access Group assisting in the campaign for lift access to Unanderra train station. Rebecca set up an online petition for this group on change.org in 2015.

Rebecca's commitment to volunteering and her local community culminated in her officially being named Wollongong Electorate Woman of the Year at a special breakfast ceremony in Sydney held in March 2018. Member for Wollongong Paul Scully subsequently presented Rebecca with the award at a special ceremony in front of her family and colleagues at UOW's Innovation Campus.

Mr Scully, who grew up in Mount Kembla, has been dedicated to assisting the lift access cause by pitching Rebecca's case to the State Government.

Rebecca said she was very honoured and humbled to have been chosen for the award.

"It just goes to show that hard work does pay off in the end," she said.

Donna Byham works very closely with Rebecca. She said: "We are so pleased and proud that Rebecca has been recognised for her achievements. Rebecca is very committed and hard-working and has a never-give-up attitude."

Jacqui Capell, who has been mentoring Rebecca during her time at AHSRI, said it was a real pleasure working with Rebecca.

"She has a wonderfully upbeat and positive outlook on life alongside a good sense of humour. Bec has a great work ethic and is always willing to engage in conversation about her work tasks. This award is well deserved and we are very proud of her."

Adapted from original story written by Bernie Goldie, University of Wollongong



Member for Wollongong Paul Scully presenting Rebecca Lachlan with the Wollongong Electorate Woman of the Year award

Vice-Chancellor's Awards

The Vice-Chancellor's Awards aim to encourage and recognise exceptional performance from University staff members who demonstrate outstanding achievement in activities that are aligned to the University's vision and strategic goals. The awards also support the University's values of a workforce with strong performance expectations, recognition and celebration of initiative and enterprise, and staff who are recognised and appreciated for their contribution.

The awards ceremony was held on 23 August and two AHSRI members were among the 2018 awards recipients.

Professor Kathy Eagar, AHSRI Director, won the Vice-Chancellor's Research Excellence Award for Highly Commended Researcher of the Year 2018.

AHSRI Associate Member Professor Lorna Moxham and colleagues from the Faculty of Science, Medicine and Health won the Vice-Chancellor's Program Award for Outstanding Contribution to Teaching and Learning (OCTAL) for their work on the Recovery Camp Program. The Recovery Camp is an Australian-first therapeutic recreation program for people with a lived experience of severe mental illness.



UOW Vice-Chancellor Professor Paul Wellings CBE presenting the 2018 Vice-Chancellor's Awards

AROC takes part in Innovative Health Datathon

Researchers provide insight into patient health care and rehabilitation

In September 2018, AROC participated in the Bendigo Health Critical Care Datathon. It was the third time such an event had been held in Australia, with the aim of using data to provide a valuable insight into patient health care and rehabilitation.

The Datathon brought together clinicians, clinical students, and data scientists to work in teams over two days to ask and answer clinical questions using health system data as evidence.

Patrick Steele, Analyst Programmer at AHSRI, said AROC was invited to participate because their data describes outcomes of care for people undertaking rehabilitation, following an episode of critical care.

AROC's data was linked with Victorian Department of Health and Human Services Data as well as data from the Australia and New Zealand Intensive Care clinical registry to provide a deep insight into patient journeys in the Victorian health system, from first admission in hospital to rehabilitation.

The Bendigo Health Critical Care Datathon brought together more than 120 people from Australia and overseas, who formed 15 teams.

The teams interrogated the data to answer research questions as varied as 'What are the factors that affect recovery post-ICU?', 'How does living alone affect hospital experience?', 'What are the outcomes of cardiac arrest survivors requiring rehabilitation?', and 'What are the outcomes for regionally treated cancer



patients compared to those treated in metropolitan hospitals?"

AROC team members participated as mentors to help teams correctly interpret the AROC Data and also as team members, working on a specific research question.

Frances Simmonds, Director of AROC, said, "The Datathon was valuable in highlighting the ways in which patient care can be analysed and improved. AROC recognises the potential of datathons to highlight the important role rehabilitation plays in a patient's hospital stay."

Ms Simmonds reported, "Linking AROC data to patient acute care episodes provides a powerful tool to analyse and subsequently improve the outcomes of all patients."

Adapted from original story published by the UOW Newsroom

NAIDOC Week

The immense contribution of Indigenous women to Australia's culture, campus, and history was in the spotlight during UOW's annual NAIDOC Week celebrations held from the 8 – 15 July.

In 2018 the national event focused on the theme *Because Of Her, We Can!*, which recognised the significant role Aboriginal and Torres Strait Islander women have played, and continue to play, across all levels of society.

A panel of academics and professional staff from UOW explored the theme and shared their experiences in a fascinating and far-reaching panel discussion, which illustrated the contributions Indigenous women make to the community, to families, and to the nation as a whole. The panellists each revealed their personal journeys with the audience, and told of the women who have had an impact on their own lives. It was an emotional discussion, with the panellists sharing the at times traumatic experiences of their own lives, the role models who have inspired them, and what needs to be done to ensure a positive future for Indigenous men and women.

Among the panellists were Ms Nyssa Murray, a proud Dunghutti woman, and a PhD candidate examining increasing Aboriginal employment outcomes, supervised by Professor Kathleen Clapham (Professor of Indigenous Health at AHSRI) and Associate Professor Rodney Clarke (School of Management, Operations and Marketing, Faculty of Business).

The panel also featured Dr Marlene Longbottom, from the Yuin Nation on the NSW South Coast. Marlene is the Inaugural Aboriginal Postdoctoral Research Fellow at AHSRI. Her work is becoming internationally renowned and Marlene aims to ensure Aboriginal communities are active participants in research, not passive objects of study. Her work focuses on centring and amplifying Indigenous voices using her platform as an Aboriginal scholar and through a social justice lens.

Adapted from original story written by India Glyde, University of Wollongong



Ms Marlene Longbottom speaking during UOW's annual NAIDOC Week celebrations

Research Highlight

Agenda for change – impacting on aged care funding

During 2018 AHSRI conducted a series of ground-breaking studies that have the potential to shape the aged care sector for the future. The Resource Utilisation and Classification Study (RUCS) arose from our review of the Aged Care Funding Instrument (ACFI) in 2017 for the Australian Government's Department of Health. That research concluded that the ACFI did not focus on what drives care costs, did not sufficiently discriminate between residents, resulted in inequitable outcomes across geographic and socioeconomic groups, and created perverse incentives for income maximisation and resulted in funding uncertainty. As such, it was no longer 'fit for purpose' and we recommended the development of a casemix approach to aged care funding.

RUCS involved the development and testing of a new casemix classification for residential aged care which has the potential to address these issues, provide a more equitable and sustainable distribution of funding for aged care and drive quality improvement. The core elements of the new model included the separation of assessment for funding from assessment for care planning, the provision of a one-off adjustment payment for new residents, and a fixed daily price for shared services as well as a variable price based on the individualised costs for each resident as determined by the independent assessment process.

The RUCS comprised an ambitious series of four inter-related studies requiring the input of all AHSRI Centres over an 18-month timeframe. The first study involved 30 facilities in three regions and involved 1,877 resident assessments and 315,029 staff time activity records collected by 1,600 staff. Critical findings of this study included support for an independent assessment process that could be completed in under an hour, and clarification of an appropriate suite of assessment tools for the purposes of classification. It also confirmed that while cost drivers in residential aged care may

be due to one or more underlying diagnoses, medical diagnosis, however, was not in itself a cost driver.

The time and motion aspects of the study clarified that staff time was split evenly between supporting individual residents and that spent delivering care across all residents. This supports the concept of separation of fixed costs from individual costs in the proposed new casemix model. Subsequent studies expanded the assessments to a further 2,000 residents nationally to provide a more representative sample and support modelling of costs, with around half of the original cohort being reassessed to determine reassessment protocols for the new funding system.

The outcome of these activities is the development of a comprehensive new funding and classification model for residential aged care, the Australian National Aged Care Classification (AN-ACC). Findings are documented in a series of reports, which include 30 recommendations to facilitate the delivery of a comprehensive package of funding system reform. Our dealings with the stakeholders throughout the RUCS indicates a strong desire for a more robust, equitable and transparent funding system for the sector. The AN-ACC provides this, and more as a driver of quality improvement through benchmarking and ongoing reviews of cost drivers.

In September 2018 the Australian Government announced a Royal Commission into Quality and Safety in Aged Care following the exposure of a series of episodes of abuse and neglect within the aged care sector, and amidst repeated claims of resource constraints and increased complexity of client care needs by aged care providers. As the most contemporary, independent and comprehensive source of information about the residential aged care client profile, we anticipate the RUCS project and the AN-ACC will play a key role in both the Commission's work, as well as informing ongoing policy, funding and quality in aged care services more broadly.



Projects

Over 20 research and evaluation projects were undertaken in 2018. These included a mix of short-term projects completed in one calendar year and longer-term projects extending in part throughout 2018. A summary of each project's activities and achievements is provided below.

Resource Utilisation and Classification Study

Australian Government Department of Health

Total Funding: \$2,304,629

Duration: August 2017 – February 2019

Background

The Resource Utilisation and Classification Study (RUCS) commenced in 2017, and was commissioned by the Australian Government Department of Health to develop and test a new funding model for residential aged care in Australia. The study had been recommended out of five different options that were presented by AHSRI in an earlier review of the existing funding model, in which it was determined that the Aged Care Funding Instrument (ACFI) was no longer fit for purpose.

The RUCS was designed to identify the characteristics that drive costs related to both the 'individual' care needs of residents (hypothesised to be associated with end of life needs, frailty, mobility, functional decline, cognition, behaviour and technical nursing needs) and the 'fixed' costs of providing care (facility characteristics such as the location, size and service specialisation). Extensive consultation was undertaken with the aged care sector in 2017 during the study design and preparation phase.

What we did

Due to scope of the study, the NCCC worked in close collaboration with the CHSD throughout the year to complete the project activities. The RUCS comprised four separate but closely related studies, each of which included separate data collection and analysis elements:

- Service utilisation and classification development (Study One)
- Fixed and variable cost analysis study (Study Two)
- Casemix profiling study (Study Three)
- Reassessment study (Study Four).

Study One was a major component of the project and involved

three data collections from 30 aged care homes clustered in geographic regions in New South Wales, Victoria and North Queensland. Service utilisation data was collected by care home staff for one calendar month between March and June 2018, using barcode scanning technology to capture the time in minutes spent providing 'individual' care to residents. Resident data from the 30 care homes was collected by external assessors using the RUCS Assessment Tool, and the expenditure incurred by the care homes during their corresponding study month was provided by the organisations.

Study Two involved the collection of finance data from a sample of 110 care homes cross Australia for the period July 2016 to December 2017. This data was analysed to identify the facility characteristics that were drivers of the 'fixed' costs of providing resident care.

The casemix profiling study (Study Three) involved the completion of more than 3,000 resident assessments by external assessors across 80 care homes. Analysis was undertaken on the casemix profile of residents and the relative distribution of funding under both the Australian National Aged Care Classification (AN-ACC) and the ACFI.

An additional study (Study Four) was added to the work program in mid-2018 for the purpose of identifying changes in resident care needs and capabilities over time. It involved the reassessment of approximately 1,000 residents from Study One around four to six months after their initial assessment.

Major outputs of the RUCS included the casemix classification, termed the AN-ACC Version 1.0, the AN-ACC Assessment Tool, and the AN-ACC funding model.

Throughout the course of the project a number of presentations were made to various stakeholder groups on the progress and outcomes of the RUCS. At the completion of the study a suite of comprehensive reports were prepared for the Commonwealth, with delivery scheduled for early 2019.

Evaluation of the Pathways to Community Living Initiative

NSW Ministry of Health

Total Funding: \$1,132,427

Duration: February 2017 – December 2020

Background

The Pathways to Community Living Initiative (PCLI) commenced in 2015 to support the transition of long-stay mental health patients into appropriate community-based services as part of the NSW Mental Health Reform 2014-2024. It is a key component of the reform underpinned by substantial investment from the NSW Government. The PCLI is led, funded and coordinated by the NSW Ministry of Health in collaboration with Local Health Districts. CHSD has been commissioned to conduct a formative and summative evaluation of the program.

What we did

The evaluation has been structured as four components: (1) evaluation of consumer outcomes; (2) evaluation of consumer and carer experience; (3) evaluation of provider/system change; and (4) an economic evaluation. Ethics approvals have been obtained for the first three components; the fourth component is expected to start later in 2019 or early 2020 when further outcomes data becomes available.

Data collection in the first year of the evaluation focused on provider/system change and consisted of site visits and interviews with PCLI project managers, other LHD staff and members of the steering committee. A formative evaluation report was submitted in December 2017 with a revised and expanded iteration in July 2018. Following discussions with the Ministry PCLI team, it was decided that the format and content of this report could be enhanced with a more comprehensive history of program development that reflected

the breadth and depth of work undertaken in the early stages of implementation of the PCLI. The Ministry PCLI team made available a comprehensive list of program documents for review by the evaluation team, including much material that covered the period between the program commencement and the engagement of the evaluation team. A new Evaluation Report 1 Building the foundation for transformational change was written to cover this early period of the program, based on an in-depth analysis of these documents, while the data collected in 2017 and to the end of June 2018 was the basis for a revised Evaluation Report 2 Demonstrating progress and learning as we go. This new reporting approach provides a running record of program implementation, from which formative lessons can be drawn. The revised reports were submitted in October and November 2018.

During the second half of 2018, extensive data collection took place in preparation for Evaluation Report 3, the 'mid-term' report. The evaluation team visited all six primary implementation sites and eight aged care facilities. We conducted 65 semi-structured interviews with approximately 90 diverse stakeholders, including PCLI consumers, family carers, aged care providers, LHD personnel, and steering committee members. To ensure the views of front-line mental health staff could be heard in the evaluation, we designed and ran an online survey which contributed to the provider/system component of the evaluation.

Data were extracted from the PCLI database and linked with routinely collected measures for the consumer outcomes component of the evaluation. Analysis of these data provided a snapshot of the PCLI cohort's characteristics and their baseline scores on measures of needs, function, physical and mental health, and quality of life.

Evaluation of the Improving Social Connectedness of Older Australians project pilot

Australian Government Department of Health

Total Funding: \$572,551

Duration: November 2018 – June 2021

Background

In late 2018, CHSD was engaged to undertake an evaluation of the Improving Social Connectedness of Older Australians project pilot, a 'Better Ageing' initiative of the '2018-19 More Choices for a Longer Life Budget Package'.

The pilot project will involve development of two models of intervention and test delivery of these methods through Primary Health Networks (PHNs). The objective is to review and adapt existing models and frameworks (where relevant) that focus on processes and 'connection' interventions that increase the social connectedness of older Australians who are assessed by their primary health care professional and / or community based service providers as having, or being at high risk of, social isolation and / or loneliness.

What we did

The evaluation will be undertaken over two years with planning and design activities commencing in early January 2019. The two pilot sites are Perth South PHN and Nepean Blue Mountains PHN. The Australian College of Mental Health Nurses has been funded as the project manager and will be engaged in co-design and implementation of the pilots. The evaluation will contribute to the evidence base for interventions that improve social connectedness and reduce the risk of mental and physical health problems in older people. It will also explore implementation of the interventions, particularly in the context of PHN commissioning arrangements.

Evaluation of four Waminda projects

Australian Government Department of Health (Waminda)

Total Funding: \$425,502

Duration: July 2018 – June 2021

Background

This project involves the implementation of a collaborative program of research and evaluation of four community based programs developed and implemented by Waminda South Coast Women's Holistic Health and Wellbeing Centre. The overarching program involves the evaluation and monitoring of three existing targeted interventions (Young Women's Program, Tackling Indigenous Smoking, and Dead or Deadly) and a literature review conducted for the Nabu Aboriginal and Torres Strait Islander Family Restoration and Preservation Program.

What we did

A thematic scoping review of the literature has been undertaken as part of the development of the Waminda Nabu intensive

family support pilot program. The purpose of the review was to identify the evidence base and promising practice in relation to what services and activities strengthen Aboriginal and Torres Strait Islander family and child wellbeing and contribute to family preservation and family restoration. The main question for the review was: What works for Indigenous families in strengthening family wellbeing including family preservation, family restoration and family support programs in Australia, Canada, New Zealand and the United States?

Research activities have been conducted for a further three Waminda health prevention and promotion programs: the 'Dead or Deadly Program', the 'Balaang and Binjillang Tackling Indigenous Smoking Program' and the 'Young Women's Program'. The project has also involved working with Waminda staff in a program of capacity development including: mentoring and coaching the Waminda data analyst and program staff on specific aspects of program design, data collection tools and methods. The project has supported program implementation by collaboratively establishing program logic models and key performance indicators for ongoing monitoring and evaluation activities.

Casemix Capacity Development: Phases 2 and 3

Silver Chain Health

Total Funding: \$250,634

Duration: April 2017 – December 2018

Background

Silver Chain established a research partnership with the NCCC to develop the organisational capacity and systems that were required to support a casemix-based approach to management. This was in response to changing external demands and increasing competition in the community health and aged care services sector. The program of work was limited in scope to the Silver Chain Health Division and was planned across three phases.

- Phase 1 was completed in 2016 and involved a gap analysis that established that the organisation's information systems were adequate to provide the building blocks for a casemix-based system.
- Phase 2 included two key technical pieces of work; an activity-based costing study, which was completed in 2017, and the development of a classification for community-based care which was planned for 2018.
- The Phase 3 activities involved knowledge transfer to key staff and the provision of a final report including recommendations for the implementation, application and refinement of the casemix system.

What we did

The development of the Silver Chain Community Care Classification during 2018 was a major deliverable of the project. Decisions around the selection of the classes that should form

the classification were made in consultation with a clinical advisory group that had been established for the project. The classification was complemented by a minimum dataset and recommended set of business rules to enable the prospective collection of the data variables required for casemix analytics.

The major report delivered in Phase 3 presented a detailed set of recommendations for the establishment and ongoing development of the casemix system. These included recommendations around organisational level changes, particularly in the areas of information system development and governance, and also technical recommendations, including the role of casemix reporting systems and the provision of some sample casemix reports. The recommendations were the result of ongoing consultation and collaboration with a number of key staff and stakeholder advisory groups over the period of the project, as well as extensive technical work using the Silver Chain data. Strategies around capacity building and change management were also provided, as it was recognised that the introduction of the casemix system would have a wide reaching impact across the organisation and represented a major change in the way that the organisation would collect and use information.

The skills development process was also supported through a casemix analytics workshop presented to those staff that would be key in the effective use and maintenance of the system. The two day program explored how to use casemix reporting to assess clinical models and outcomes, financial efficiency, and performance against service agreements. At the completion of the project the four major reports that had been delivered throughout the research partnership were modified into an integrated suite of reports, to produce a comprehensive resource for the ongoing development of casemix-based management within Silver Chain.

Evaluation of the LikeMind Pilot

NSW Ministry of Health

Total Funding: \$198,247

Duration: February 2016 – December 2018

Background

LikeMind is an initiative of the Mental Health, Drug and Alcohol Branch of the NSW Ministry of Health. The initiative's service model can be characterised as a service-hub approach to the integrated provision of care and support for adults aged between 25 and 65 who experience mental illness.

The focus of the LikeMind service model is to provide proof of concept for a Non-Government Organisation (NGO)-led and managed model of integrated care for people with moderate to severe mental illness which is readily accessible in a community setting. It is assumed that co-locating mental health service providers in four community-based accessible premises with shared service protocols will lead to improved outcomes for consumers.

What we did

A mixed-methods longitudinal methodology was developed to address a specific set of evaluation questions. Data from multiple sources were collected to underpin the evaluation analysis. The evaluation team worked closely with the four LikeMind pilot sites to ensure that clinical and service utilisation data were available to inform both formative and summative evaluation findings. Stakeholder interviews and focus groups with consumers were held at three different timeframes at each of the four sites to gain an understanding of the different perceptions of the initiative.

The final report was delivered to the Ministry in December 2018 and included a series of recommendations to support the ongoing implementation of the LikeMind initiative.

Aboriginal Community Controlled Health Organisations evaluation project (Phase 1)

COORDINARE, South Eastern NSW Primary Health Network

Total Funding: \$188,145

Duration: January 2017 – June 2018

Background

This project involved close collaboration with four Aboriginal Community Controlled Health Organisations (ACCHOs) in South Eastern NSW regarding the development and implementation of a community-based participatory evaluation and research program, which aimed to enhance the research and evaluation capacity of the participating organisations. AHSRI's Indigenous health research team were the conduit between the community, COORDINARE and AHSRI, working alongside the services to develop research and evaluation projects that are of need and benefit to the Aboriginal community. The outcome of the project was the development of a framework of 'doing' evaluation and research 'with' ACCHOs. We worked with the ACCHOs to acknowledge current capacity and enhance skills through a strengths-based model. This worked well as the skill sets within Aboriginal communities are often overlooked, however provide a base for enhancing capacity. The project consisted of a number of elements, including: a scoping review of the literature; development of a community-based participatory research model; development of a capacity building program designed with ACCHOs from initial needs analysis; knowledge translation and impact assessment. Ethical approval from the NSW Aboriginal Health and Medical Research Council and University of Wollongong was received.

What we did

The design, delivery and evaluation of a series of workshops was undertaken to assist with ACCHO staff skill development in evaluation and research. These workshops included topics on research and evaluation, ethics, yarning as a method of clinical practice, logic models, evaluation frameworks, different types of data and a writing workshop. The workshops were delivered at the UOW Shoalhaven campus.

The scoping review, 'Development of an Indigenous perspective in Western logic models', uncovered the limited available published academic and practice literature that provides evidence of logic models that incorporate cultural elements from an Indigenous lens or perspective. The project worked in a culturally focused manner and assisted with the development of an Indigenous specific logic model that captures cultural capital and self-determination principles.

Aboriginal Community Controlled Health Organisations evaluation project (Phase 2)

Coordinare Primary Health Network, South Eastern NSW

Total Funding: \$168,311

Duration: October 2018 – October 2019

Background

Over the past two years COORDINARE and UOW have been working together with Aboriginal Community Controlled Health Organisations (ACCHOs) in south eastern NSW on the development and implementation of an action based research program which will help to enhance the research and evaluation capacity of the ACCHOs. This project builds on and extends that work by focusing on data collection, analysis and utilisation of health service data within the regional ACCHOs.

What we did

In late 2018, work commenced on the project, which has the

overall aim of working collaboratively with ACCHOs to obtain and utilise data more effectively. This will be achieved through the following objectives:

- Identify the ways in which health services data is currently collected and utilised by the services, and the systems to capture and report on data
- Assess the current level of expertise in data capture, extraction, analysis and reporting within the service
- Work collaboratively with staff in each of the services to monitor and improve the data collection and reporting of at least one specific program
- Conduct a series of training workshops tailored to meet the identified needs of services around data
- Monitor progress and evaluate the outcomes of the project over a 12 month period.

Specialist Dementia Care Program (SDCP): Monitoring and Evaluation Framework

Department of Health

Total Funding: \$155,848

Duration: March 2018 – December 2018

Background

In June 2016, the Australian Government announced it would establish Specialist Dementia Care Program (SDCP) units in each of the 31 Primary Health Networks (PHNs). SDCP units are defined as specialist units that provide care for people with very severe responsive behaviours associated with dementia. The SDCP is part of a reform process that builds on several decades of research, policy and program development designed to better assist the growing number of Australians with dementia.

Fourteen of these units will open in 2019 and will feature specialist staff working in an enabling environment to support people with very severe responsive behaviours, who are unable to be effectively cared for by mainstream aged care services.

What we did

CHSD were commissioned in 2018 to develop an Evaluation and Monitoring Framework for the SDCP. The framework was based on the CHSD evaluation framework which has been used to evaluate complex innovations in health and aged care contexts over at least two decades. It considers the impact and outcomes of the SDCP across three levels: consumers, providers and the system. The evaluation questions and strategies were designed to address the SDCP Service Delivery Principles (SDPs) across these three levels. It is proposed that these questions are measured through a mix of quantitative and qualitative data collection processes to capture high quality data within routine processes to limit the burden on those involved in referral,

assessment and service delivery of the SDCP.

A program logic was also developed to align with the evaluation framework to provide a clear line of sight between the program inputs, objectives and principles and corresponding program processes, impact and outcomes.

The framework provides a comprehensive approach to monitoring and evaluation as well as building the evidence base for care and support of people with severe responsive behaviours. It includes a summary of the major resource implications associated with the evaluation activities to inform future program tender processes. This is to ensure that prospective providers are appraised of the scope and rationale underpinning the reporting requirements and, in turn, provide coherence within the SDCP as a whole. The Australian Government plans to commence the tendering process in 2019.

Needs of people experiencing bereavement and prolonged grief (Phase 2)

Department of Health

Total Funding: \$147,276

Duration: May 2017 – June 2018

Background

The objective of this project was to undertake a second phase of research on issues relating to bereavement and prolonged grief (formerly referred to as complicated grief), arising from the death of a significant person in someone's life. This was aimed at assisting the Palliative Care Section, Primary Care, Dental and Palliative Care Branch, of the Australian Government Department of Health to address several short-term recommendations arising from the Phase 1 research project.

Three sub-projects were undertaken concurrently as Phase 2 of this project:

1. Disseminating findings/knowledge translation about prolonged grief for primary care, aged care and palliative care sectors.
2. Supporting patient access to bereavement support and/or prolonged grief services through primary care and palliative care services.
3. Identifying effective bereavement support strategies for carers engaged with palliative care services.

What we did

A suite of deliverables were completed as part of the program of research. For sub-project 1, an issues brief was produced for Primary Health Networks (PHNs) and a webinar was conducted by the CHSD project team. Headline findings were presented to representatives of PHNs across Australia and an opportunity for questions from participants was provided. In addition, a second issues brief was developed, based on interviews with large

residential aged care providers in both the not-for-profit and for-profit sector and with peak organisations of key provider groups about their perceived need for information on bereavement support and prolonged grief in the residential aged care sector.

For sub-project 2, a report on pathways of bereavement support in palliative care was produced. The report was primarily informed by a cross-sectional national survey assessing the current state of bereavement support provision within Australian palliative care services. The survey was completed by 180 services (84% response rate). Data were analysed at the metropolitan and regional / remote level and used to develop three case vignettes (supplemented by a small number of in-depth semi-structured interviews with representatives of palliative care services, PHNs and Local Health Districts in metropolitan, regional and remote geographic areas across Australia). A workshop was also held with a small group of experts in bereavement support from the palliative care and primary care sectors which provided an opportunity to test assumptions underpinning data analysis and to explore perceived service gaps and corresponding policy implications.

For sub-project 3, an issues brief exploring stakeholder views and evidence relating to bereavement support for carers was completed. The brief was based on semi-structured interviews with representatives of peak carer organisations, conducted to collect information on current bereavement pathways and services for carers and to identify unmet needs and service gaps. Additionally, a targeted review of the intervention literature was completed to further investigate effective ways to support carers prior to, during and after bereavement.

In early 2018 we presented the overall results to representatives of the Australian Government and discussed emerging policy and program implications with key Departmental officers from the Palliative Care Section.

Evaluation of the Lifeline Text Pilot Trial

Lifeline Australia

Total Funding: \$147,111

Duration: March 2018 – May 2019

Background

In 2017, Lifeline was awarded \$2.5 million to develop Australia's first SMS-based crisis support service known as Lifeline Text. The objectives of Lifeline Text are to reduce feelings of psychological distress, suicidality and self-harm and promote safety in other areas such as domestic and family violence and/or substance abuse. It is also hoped that the service will increase individual capacity to cope and improve levels of confidence to address issues such as isolation and loneliness.

In March 2018, the CHSD was commissioned by Lifeline Australia to conduct an evaluation of the Lifeline Text pilot trial.

What we did

An evaluation methodology was developed to address an agreed set of evaluation questions. Primary data sources for answering these questions consisted of interviews with Lifeline staff and data collected from help seekers via a follow-up online survey.

Secondary data sources included operations data from Lifeline call centres, data from summary sheets, a review of Lifeline Text program documents, and data collected from help seekers via automated text questions both before and after the text conversation. An economic evaluation was also undertaken to consider the costs and benefits for those for whom a suicidal crisis was prevented and others who sought help for a different type of crisis.

In November 2018 an interim report was delivered to Lifeline that highlighted strong levels of support from both Lifeline Australia and the group of highly skilled and well-trained staff delivering the service. Early evaluation findings show that the service is achieving promising outcomes for help seekers. With regards to the economic evaluation, a positive return on investment can be expected from a proposed 24-hour service. A final report will be delivered to Lifeline in April 2019.

Living Connected: Digital inclusion overcoming isolation of elders

NBNCo, Vita Foundation, Australian Government's Be Connected Initiative

Total Funding: \$85,000

Duration: August 2016 – present

Background

Living Connected has created a service to improve the digital literacy of older citizens who live in the Illawarra-Shoalhaven. This service applies the results of four years of research into why and how older people use digital devices and on the benefits to social well-being from this use.

As developed countries struggle to find suitable living arrangements for their ageing populations, many elderly citizens are becoming increasingly marginalized and isolated. Isolation is known to lead to severe problems such as depression. There is a large body of evidence that remaining active and engaged with others contributes to the health and wellbeing of the elderly. With age, the physical capability to get out and about diminishes. Meanwhile, digital technology continues to improve, providing new ways to connect with others and engage in exciting new activities.

The most recent Telstra report on digital inclusion in Australia reveals that older citizens are missing out on the benefits of the Internet; something that the rest of us take for granted. Government agencies, businesses and community services expect everyone to interact with them online and are making it difficult to access services in person. This is a real challenge for the digitally excluded.

What we did

The mission of Living Connected is to be a not-for profit community enterprise providing services for the social well-being of elders assisting them to set up and use a computer whereby they remain independent, connected and engaged. Research into the outcomes of social services has identified eight domains of wellbeing, three of which are on a higher level than the others: maintaining independence, staying connected and being able to engage in meaningful activities. Our research has demonstrated ways by which computers can be used to improve well-being in these domains: maintaining independence by doing banking and other transactions online; connecting with family and friends through email, Skype, and Facebook; and spending spare time doing an online course or your family history and much more.

In 2018 we received an additional \$32,500 in grants and expanded our network of drop-in sessions and home visits to cover the area from Bulli to Bega.

Our research has revealed the importance of:

- focusing on one or two things that each person wants to do
- getting the best technology for each person and what they want
- providing a few one-on-one lessons on their own device, just enough to do the one thing they want to do most and
- having someone they can call on for help when they get stuck.



Professor Helen Hasan leads Living Connected, a not-for profit community enterprise providing services for the social well-being of elders helping them to remain independent, connected and engaged through digital inclusion

Symptom Assessment Scale (SAS) patient / proxy rating study

University of Western Australia

Total Funding: \$71,314

Duration: August 2017 – December 2019

Background

The Symptom Assessment Scale (SAS) is a validated tool used by palliative care services in Australia which aims to enable patients to self-report on the distress they experience, measuring seven common physical symptoms – sleep, appetite, nausea, bowel function, breathing, fatigue and pain. Assessment of symptoms by direct patient self-reporting is regarded as the ‘gold standard’ to ensure effective assessment and control of symptoms. Patient symptom assessment by proxy may be indicated however, when patients are unable to directly report on symptoms due to a decline in cognitive or physical functioning.

The first phase of this multi-stage project investigating patient / proxy rating of the SAS involves undertaking a retrospective case audit.

This retrospective case review will build on the evidence base by:

- Ascertaining the percentage of patient/proxy rating across the country and by state;
- Ascertaining differences in the percentage of patient/proxy rating between service settings;
- Ascertaining relationships between Australia-modified Karnofsky Performance Scale (AKPS), language and patient/proxy rating;
- Exploring the association between patient outcome measures and proxy versus patient symptom assessment.

The findings from this study will assist in the understanding of the incidence of proxy rating, inform training and the relationship of proxy rating to language, diagnosis and functional performance (AKPS).

What we did

Analysis of demographic, clinical assessment (SAS, AKPS, and RUG-ADL) and rater (patient or proxy) data for the whole of each episode submitted by 17 purposively sampled services from different palliative care settings was undertaken by experienced statisticians in early 2018. Cohort characteristics were reported using descriptive statistics, with comparisons made to broader population statistics already produced by PCOC, in order to assess representativeness of the study sample. Percentages and 95% confidence intervals were used to summarise the percentage of SAS assessments that were proxy completed, both overall and for each participating service (anonymised) in order to determine the variability of practice across services. Repeated measures logistic regression models were used to analyse the relationship between proxy rating and level of symptom, function and preferred language over time, controlling for other patient characteristics.

Following completion of the retrospective case review, testing of a revised SAS tool was undertaken. The overall aim of the revised SAS tool, which combines independently validated numerical, visual, verbal and colour scales, is to improve patient self-reporting of symptom distress. Feedback received from clinicians at 21 different services was overwhelmingly positive.

In 2019, other phases of the study will be progressed, including an exploration of the disparity between patient and clinician rated scores.

Evaluating the impact of Intergenerational Playgroups in residential aged care

**Funding: Liveable Communities Grant
(Department of Aging, NSW Government)**

Total Funding: \$55,710

Duration: January 2017 – January 2018

Background

Playgroups are informal sessions where mums, dads, grandparents, caregivers, children and babies can meet together in a relaxed environment to promote fun, learning and friendship. Intergenerational playgroups, a relatively newer form of playgroup, have been designed with the additional aim of promoting intergenerational social interaction, learning and social inclusion. They are usually attended by three generations (elders, parents and children), and have been found to promote increases in happiness, dignity and self-esteem for older participants, as well as more active participation and a sense of social connectedness in the community.

The key steps to successful implementation of a community led model within residential aged care environments are not well understood. The aim of the project was to develop and a

test a best practice model for community led Intergenerational Playgroups (IPGs) within aged care settings, with Playgroup NSW, and three residential aged care services (two residential and one community centre).

What we did

A model for community led IPGs was developed, informed by Playgroup NSW's community led models for parents and preschool aged children, and a literature review regarding intergenerational playgroups models and evaluation strategies. Existing playgroups within each of the target regions were then recruited with volunteer parents from these playgroups receiving training, resources, monitoring and assistance. This was provided by a staff member employed by Playgroup NSW, who had expertise in playgroup modelling and community engagement. The Playgroup NSW staff member also worked with a staff member from each of the aged care facilities to ensure the group activities and environment would meet the needs of both the children and the older participants. Three IPGs were successfully run and included in the evaluation.

The evaluation utilised a mixed methods design, including surveys and structured observation, to explore experiences and assess impacts associated with implementation of the community led model. The focus was on the experience of key stakeholder groups including parents and children, aged care staff, and aged care residents.

Evaluation results were overwhelmingly positive with regards to the IPGs supporting engaging and fun social interactions of mutual benefit for all the generations. The organised activities within the IPG were successful in promoting social

contact and improved mood for the older residents. Structured observations and parent and staff report supported the activities as underpinning an uplift in mood within the aged care environments, and the increased alertness of many older people whether they were directly engaged with activities or not. Parent surveys also highlighted the interaction with older residents as a social asset for their children and themselves. The research also challenges the need for staff engagement and energy to drive cross generation interaction, gain meaningful input from older residents into program activities, and adapt aged care environments to meet the needs of younger children.

Evaluation of the Coomaditchie Ngaramura project – ‘See the Way’

Global Challenges Program

Total Funding: \$49,000

Duration: April 2018 – March 2020

Background

Coomaditchie United Aboriginal Corporation has invited researchers from CHSD’s Indigenous health research team to evaluate a pilot project addressing the educational needs of disengaged youth in the Illawarra region. In collaboration with the Coomaditchie United Aboriginal Corporation and the project’s steering committee, the research team aims to conduct a rigorous evaluation which focuses on the delivery of the Ngaramura (Supportive Pathways for Indigenous children in Schooling and Employment) project which will be delivered at Coomaditchie, over a 12 month period.

What we did

The evaluation will be conducted in a staged approach. In Stage 1 we developed a program logic model which clearly describes

the inputs, activities, participants and the short, medium and long term expected outcomes of the project, through a series of interviews with key stakeholders. We will also develop the evaluation framework in Stage 1 setting out the key questions for the evaluation and identifying data sources for the evaluation. Stage 2 involves conducting a program evaluation over a 12 month period utilising the following sources of program and qualitative data:

- De-identified routinely collected program data
- Individual interviews with parents/carers of past and present students
- Group and individual interviews with Ngaramura staff
- Group and individual yarns with current and past program participants (secondary school students)
- Onsite observation of the Ngaramura program.

Stage 3 will be conducted in the second half of 2019 and involves interviews with school staff.

Evidence check: Collection of data to identify people with a disability accessing health services

NSW Ministry of Health

Total Funding: \$39,996

Duration: November 2017 – March 2018

Background

NSW Health is committed to reducing discriminatory barriers for people with a disability. This may be facilitated by the development of a state-wide health system process for identifying people with a disability. However, as yet NSW Health does not have a state-wide process for identifying people with a disability in its health data systems.

The purpose of this evidence check was to ascertain whether other health jurisdictions in Australia and international health agencies/systems consistently identify people with a disability in their health system/service data collections. Evidence for the benefits/advantages of such data collections and implementation issues concerning the incorporation of such disability data items in NSW health datasets were also examined.

What we did

The research methodology for the evidence check was finalised in late 2017. The literature search was undertaken in early 2018 and showed emerging evidence within the international research, policy and practice literature to support the development and incorporation of disability identification processes within mainstream health systems and services as a way of addressing the health disparities faced by people with a disability.

As part of the evidence check, a number of standard disability data items were reviewed. From these, the Australian Institute of Health and Welfare (AIHW) Standardised Australian Disability Flag, combined with some additional items to identify type of disability, presence of other disability or co-morbidity was recommended. This was presented as a potential starting point from which the NSW Ministry can work with key stakeholders to further refine and contemporise a suitable disability identifier for use within the broader NSW health system. Findings from this evidence check were presented at the ISOQOL 25th Annual Conference held in Dublin, Ireland, in October 2018.

South Eastern Sydney Local Health District clinical documentation improvement program – Part 1

South East Sydney Local Health District (SESLHD)

Total Funding: \$37,664

Duration: July 2018 – January 2019

Background

In response to evidence that the complexity of patients being treated within the SESLHD was not being appropriately represented in the morbidity data, the NCCC was commissioned to provide expertise and support in the development and implementation of a pilot clinical documentation improvement (CDI) program at Sutherland Hospital.

CDI is a well-established field in the United States, and has been gaining momentum in Australia over recent years following the implementation of activity based funding by the Australian Government. Accurate and complete clinical documentation is associated with appropriate funding for episode complexity as it is the source of information for the allocation of patient episodes to Diagnosis Related Groups (DRGs) and the calculation of National Weighted Activity Units (NWAUs). It is also associated with improved patient safety and quality outcomes, and better information to support decision making.

The CDI project was designed in two parts, with Part 2 proposed as an additional project to be undertaken when sufficient data was available to complete an evaluation of the program outcomes.

What we did

Throughout the project the NCCC worked in close partnership with the Clinical Documentation Specialist (CDS) at Sutherland Hospital; a position that had been newly established by SESLHD for the CDI initiative. Part 1 commenced in July 2018 and the early project activities included the establishment of baseline measures to be used in the program evaluation.

The CDI program design and the implementation plan were developed by NCCC in collaboration with the CDS, and included the identification of engagement strategies and priority activities. Target specialties were selected for the commencement of the CDI program using information gathered through key stakeholder discussions, and validated by a review of casemix and benchmarking data.

An education program specifically tailored to the needs of the CDS was delivered by NCCC between July and September 2018. Technical expertise was also provided in a number of areas including: data collection, data measurement and data interpretation, data collection tools design, documentation audit tools design and clinical documentation improvement process review and evaluation.

Mentorship was provided to the CDS over the six month period, including weekly telephone support, monthly on site visits, attendance at CDI project team meetings and other ad hoc meetings, to provide support and advice as the program became established within the hospital.

Patient reported outcomes measures: stakeholder interviews

Australian Commission on Safety and Quality in Health Care

Total Funding: \$37,538

Duration: March – June 2018

Background

Patient reported outcome measures (PROMs) are tools used to understand health outcomes from the perspective of consumers. They are increasingly seen as an important source of information to guide quality and safety improvement in health care, in conjunction with the more traditional clinician-reported outcomes, measures of health care processes, and measures of output, such as the volume of procedures performed by a provider.

Since May 2016, the Australian Commission on Safety and Quality in Health Care (the Commission) has engaged CHSD in a program of research to examine how PROMs are being used in Australia and internationally, with a particular focus on the potential purpose and benefits of national-level collation or collection. This work has included an environmental scan of current activity and a review of the academic and practice literature, both of which have been published online. The third component, completed in 2017, was a series of interviews

with representatives from all Australian jurisdictions and with Australian and international experts. The interviewees were asked about current activity in PROMs, lessons to be learned from existing initiatives, and desired future directions. Together, these three pieces of work provide a foundation for the specification of options for the extent and nature of the Commission's future national leadership role in the area of PROMs.

What we did

The final phase of this work was designed to facilitate knowledge transfer into policy. Dr Kate Williams worked closely with the Commission to integrate the findings from the three reports into a set of options for a future national role in coordinating and promoting PROMs efforts in Australia. In collaboration with a Commission staff member, she created a Theory of Change for PROMs to guide the formulation of an evidence-based plan of action. Three potential roles were identified: leadership and advocacy; stakeholder engagement; and guidance and facilitation. These roles were considered and discussed by an Expert Advisory Group on PROMs with representatives from across Australia. The final Options Paper, incorporating feedback from the Expert Advisory Group, was submitted to the Commission's Interjurisdictional Committee in June 2018.

First Response: Integrating trauma-informed care within primary healthcare for Aboriginal and Torres Strait Islander women experiencing violence

In partnership with the Lowitja Institute and The George Institute for Global Health Global Challenges Program

Total Funding: \$28,256

Duration: April 2018 – December 2018

Background

First Response aims to investigate how the primary healthcare workforce can be supported to integrate culturally safe trauma-informed care for Aboriginal and Torres Strait Islander women who have experienced violence. This project responds to recommendations for trauma-informed care within healthcare settings for women who have experienced violence, but also to women who have expressed a desire to seek support in healthcare settings rather than from the police or frontline services.

Furthermore, this project has been developed in response to engagement with end-users from Aboriginal Community Controlled Health Organisations (ACCHOs) and peak bodies who have described a lack of coordination between the health and justice workforce, and the need for enhanced workforce support. First Response will benefit the health of Aboriginal and Torres Strait Islander peoples by providing evidence and critical insight into how the primary healthcare workforce can be supported to provide trauma-informed care that is culturally safe.

What we did

First Response has been developed to ensure it is relevant to end-users in primary healthcare by bringing together a multidisciplinary partnership of stakeholders to direct this program of research in a meaningful and ongoing capacity. An action-oriented Steering Committee brought together stakeholders from primary healthcare, specialised services and peak bodies to provide direction and oversight of the research processes, knowledge translation and communication.

This steering committee will form the basis of an ongoing and robust collaboration that will pursue a planned program of research beyond this current project. Underpinning First Response is a strong commitment to the development of an Aboriginal and Torres Strait Islander research workforce. The project has three Aboriginal and/or Torres Strait Islander early career researchers as chief investigators.

Using decolonising methods, First Response synthesised a systematic review, interviews and yarning circles with representatives from peak bodies, specialist family violence services, and ACCHOs in NSW. First Response established a research partnership and baseline evidence that will inform service delivery and outline existing systems, processes and strengths that can support the primary healthcare workforce to integrate culturally safe trauma-informed care and ensure that the first response is the right response.

Embedding training and capacity building for Indigenous higher degree research students into the UOW research environment

Funder: University of Wollongong Education Strategies Development Fund

Total Funding: \$18,694

Duration: January 2016 – March 2019

Background

Nationally, Indigenous students are under-represented in Higher Degree Research (HDR) programs. According to the Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People, the number of Indigenous students enrolled in higher degree research, as a proportion of all domestic HDR enrolments was 1.1% in 2010 which is well below the parity of 2.2%. It is widely acknowledged that there is a need to focus on research capacity building for Indigenous postgraduate students across Australia, with the aim of improving enrolment, retention and graduation rates. Similar to undergraduate education, the critical issue is retention for under-represented groups in Higher Education. The Bradley Review emphasises the need to create an environment conducive to building Indigenous research capacity in higher education. At UOW there are opportunities to improve pathways to HDR programs via undergraduate studies as well as to recruit students through successes in externally funded research.

Working in partnership with UOW Indigenous (HDR) candidates, HDR Faculty coordinators and staff of the Research and Innovation Division Office, this project aims to (1) identify best

practice for recruiting, retaining and successful outcomes for Indigenous PhD students and (2) produce an Indigenous HDR strategy to be implemented into the UOW research environment.

What we did

The project is being undertaken in a staged approach, focusing on the following three key activities:

- Document how Faculties are currently addressing the recruitment and training of Indigenous HDR students at UOW
- Review outcomes of training and capacity building for Indigenous HDR students at two Australian institutions that have developed successful strategies: the University of Queensland and the University of Melbourne
- Synthesise the findings to identify approaches to recommend to UOW.

These three activities will enable this project to produce guidelines for UOW, which if adopted would form a strategy for UOW that can be embedded across the HDR environment. The project will draw on national and international links to achieve these objectives and outcomes. It will also draw on the lessons learnt from engagement in initiatives such as the National Indigenous Research and Knowledge Network and the Global Challenges Program over the past four years.

School Kids Aboriginal Mentoring Program (SKAMP): Cultural mentoring with Indigenous male students (years 5-8) in Dapto & Shellharbour areas

UOW Community Engagement Grant

Duration: September 2018 – November 2019

Total Funding: \$10,000

Background

CHSD's interdisciplinary Indigenous research team is working with the Illawarra Koori Men's Support Group (IKMSG) to develop and deliver a culturally safe program for Aboriginal students in Years 5–8 in the transition from primary to secondary school. School Kids Aboriginal Mentoring Program is uniquely designed for Aboriginal boys and young men and builds upon the considerable expertise of the IKMSG. We are strongly committed to working with community-led approaches and initiatives that can contribute towards a greater evidence base for Aboriginal organisations.

In our previous work the IKMSG have demonstrated their capacity to deliver effective culturally safe programs with Aboriginal communities and underserved populations, particularly vulnerable groups such as Aboriginal youth. This will provide innovative solutions led by local Indigenous people. By working with the IKMSG we anticipate several outcomes; culturally appropriate service delivery, organisational capacity building for project planning, report writing and evaluation and contributing to the overall research body of work on Aboriginal men's groups.

What we did

After receiving the grant in September 2018 our project coordinator has been actively engaging the IKMSG to build their capacity to prepare the program with minimal resources and funds.

Competitive research grants – collaborations with other research centres

Australia Centre for Cannabinoid Clinical and Research Excellence

National Health and Medical Research Council

Total Funding: \$2,498,471

Duration: 2017 – 2021

The Australian Centre for Cannabinoid Clinical and Research Excellence (ACRE) is a National Health and Medical Research Council Centre of Research Excellence. The ACRE research team shares combined experience that includes public health care, pharmacovigilance, clinical pharmacology and drug development, clinical and basic human/animal research skills, environmental and translational research. ACRE's multi-

disciplinary research aims to gather the information necessary to inform best clinical practice and to guide government around the use of medicinal cannabinoids in Australia.

Professor Kathy Eagar continues to lead one of ACRE's research themes focused on the development and dissemination of policy, guidelines and information into the health and lay community via websites and GP focus groups.

More information can be found on the Centre's website <https://www.australiancannabinoidresearch.com.au>.

Centre of Research Excellence in End of Life Care

National Health and Medical Research Council (NHMRC)

Total Funding: \$2,495,543

Duration: October 2013 – September 2018

Background

AHSRI is one of the collaborating partners in the Centre of Research Excellence in End of Life Care (CRE-ELC). The Centre brings together Australia's leading researchers investigating end of life care issues and continues to support researchers to leverage their extensive clinical, community and policy networks to ensure that new knowledge is translated for use. The chief investigators are based at Queensland University of Technology, The University of Queensland, Flinders University and the University of Wollongong.

Under the academic leadership of Professor Patsy Yates, the funding from the NHMRC has allowed the CRE-ELC to support a group of excellent researchers and students as they develop their skills and careers to become independent researchers, building capacity in Australia's health research community.

The Centre formalises strategic linkages with leading researchers with expertise in chronic conditions (such as dementia, cardiovascular and renal disease), legal and ethical issues, social sciences and health economics. The CRE-ELC is focused on generating the evidence required to ensure end-of-life services are responsive to the complex, unpredictable and often extended patterns of disease progression.

More information can be found on the Centre's website www.creendoflife.edu.au.

What we did

In 2018, the CRE-ELC continued to conduct a number of innovative research projects, for example an evaluation of the use of digital health and technological capability in palliative care and an innovative 'design thinking' workshop was developed and conducted focused on transforming end of life care in primary care.

Researchers from the CRE also continued to utilise data from PCOC's national longitudinal database. The aim of the research is to add to the evidence base needed to design effective service models, by examining the relationship between patient outcomes and a range of service (service location, models of care) and patient characteristics (demographics; clinical factors; carer support).

C-CHANGE: Delivering quality and cost-effective care across the range of complexity for those with advanced conditions in the last year of life

National Institute for Health Research

Total Funding: £1,968,973

Duration: July 2013 – May 2018

Background

AHSRI collaborated in C-CHANGE, a project led by Professor Fliss Murtagh from King's College London. Working with leading palliative care researchers and clinicians from two English universities and two NHS Trusts, the long-term aims of the C-CHANGE project were to develop and validate a patient-

centred, nationally applicable casemix classification for adult palliative care provision. This classification will reliably reflect the complex needs and concerns of patients and families, in order to enable the delivery of better quality and more efficient care in the last year of life.

What we did

This programme of research ensured that patients across a range of advanced conditions and settings can better receive the appropriate resources according to their individual needs. The C-CHANGE project was completed in 2018.

Preventing falls in older Aboriginal and Torres Strait Islander people: the Ironbark trial

National Health and Medical Research Council

Total Funding: \$3,293,912

Duration: 2018 – 2022

Background

Australia's Aboriginal and Torres Strait Islander population is ageing: in 1991, Aboriginal people aged 55 years and over accounted for only 6% of Australia's total Aboriginal population and this proportion is predicted to double to 12% by 2021, with resulting increases in ageing conditions such as falls. This large scale trial in NSW, SA and WA will test the effectiveness of a community based program in reducing falls and improving function in older Aboriginal people.

What we did

The Ironbark Program is a community-based program involving facilitated discussion combined with balance and strength training. The program has been developed with strong Aboriginal community oversight and pilot work has

demonstrated high acceptability and feasibility as well as demonstrating statistically significant gains in balance and strength. This program is designed to have a level of health professional input that is sufficient for success but low enough for affordability.

Our collaborative team of falls researchers, Aboriginal health researchers and Aboriginal community members proposed a cluster randomised controlled trial to establish the impact of this program on falls and function when delivered to groups of older people. The trial, also implemented with strong Aboriginal oversight and responding to Aboriginal community priorities, will involve 60 groups of older people, recruited from Aboriginal community organisations and Aboriginal Medical Services (600 estimated participants in total). The results of this trial will be directly relevant for practice as the program is designed to be scaled up to impact older Aboriginal and Torres Strait Islander people across Australia.

Evidence for action to improve the health of urban Aboriginal children and adolescents: the SEARCH study NSW

National Health and Medical Research Council
Total Funding: \$2,951,997
Duration: 2017 – 2021

Background

The Study of Environment on Aboriginal Resilience and Child Health (SEARCH) is Australia's largest prospective longitudinal study of urban Aboriginal children and will provide, for the first time, comprehensive information on the causes of health and illness in a large group of urban Aboriginal children. SEARCH

is a partnership with Aboriginal Community Controlled Health Organisations (ACCHOs).

What we did

The project builds on the SEARCH cohort study of > 1,600 children and their families based on a long-standing Aboriginal Community Controlled health sector and research partnership. The project aims to improve urban Aboriginal child and adolescent health by using data from participants to identify opportunities for intervention and developing data-driven multicomponent interventions to improve health services.

Greater inclusion of people with a disability in Australian workplaces: A social marketing challenge

Australian Research Council Linkage Projects Scheme
Total Funding: \$455,000
Duration: 2018 – 2021

Background

This project aims to develop a model of successful employment for people with a disability, identify sources of employer diversity that explain willingness to hire, and develop social marketing messages that improve employer attitudes and achieve greater inclusion in Australian workplaces. Workforce

participation of people with a disability remains low.

What we did

The project is in its initial phase. The outcome of this study will be more people with a disability and their carers gaining meaningful employment, with benefits including improved physical and mental health, social connections and economic security. It will benefit employers by creating more diverse workplaces and a broader talent pool, resulting in greater innovation and productivity.

Evaluating two healthy eating and active living support programs for parents of 2-6 year old children

NSW Health Translational Research Grant Scheme
Total Funding: \$961,639
Duration: 2018 – 2020

Background

In NSW, one in five children are overweight or obese. Poor diet, inadequate physical activity, excessive screen time and inadequate sleep are the key behavioural risk factors for unhealthy weight gain in childhood.

As key role models and decision makers regarding their child's food intake, physical activity, screen time and sleep patterns, parents have a critical role to play in childhood obesity prevention. However, there are recognised barriers to parental participation in child obesity prevention or weight management programs. Also, existing services that provide information for parents with young children are often not evidence based, and lack a population-wide infrastructure, thereby making it difficult for some parents to access and benefit from them.

Online and telephone-based obesity prevention programs offer advantages in convenience and accessibility compared with conventional face-to-face programs currently available in NSW and have the potential to be delivered population wide at relatively low cost.

What we did

This study aims to evaluate the effectiveness and cost-effectiveness of two health promotion programs ('Healthy Habits' – telephone based program and 'Time2bHealthy' – online program) designed to support parents of 2-6 year old children to promote healthy eating, physical activity and adequate sleep in children. It also aims to determine the most optimal approaches to maximising recruitment to and retention of parents in such programs.

The study will employ a three-arm parallel-group randomised preference trial design. Participants may choose to participate in a telephone-based program (Healthy Habits), an online program (Time2bHealthy) or receive written educational materials which will serve as the comparison group. Participants who do not have a particular preference will be randomly allocated to one of the three arms.

It is expected that this research will identify one or more programs for parents of children aged 2-6 years that are effective in improving their child's behaviours (nutrition, physical activity, sedentary time and sleep). The programs will be implemented in NSW and contribute to the Premier's Priority target of reducing childhood overweight and obesity.

Consumer Directed Care: Understanding and promoting participation and care outcomes for people living with dementia in receipt of a Home Care Package

**NHMRC-ARC Dementia Development Fellowship,
Faculty of Social Sciences Partnership Grant, IRT
Research Foundation Grant**
Total Funding: \$571,000
Duration: 2016 – 2020

Background

Since July 2015 all recipients of Home Care Packages (HCPs) in Australia negotiate their supports under a model of Consumer Directed Care (CDC). Some research has suggested CDC can be beneficial to promote choice and higher consumer satisfaction. However, other studies have highlighted challenges with CDC for service providers and older consumers, especially for those living with dementia. Factors influencing the delivery of CDC with people with dementia are complex and include: the characteristics of the person with dementia; service factors; and the presence and capacities of a family or other carer. Given this complexity there is critical need for research to understand:

- To what extent, and by what strategies, can the objectives of CDC be met for people living with dementia within the HCP program?
- To what degree does CDC specifically contribute to outcomes for HCP clients with dementia?

- Can we intervene to promote participation and control in care for HCP clients with dementia for whom these variables are low?

What we did

During 2018 data analysis was undertaken and publications were prepared on the previously completed studies, including:

- A study to test and retest a modified version of the ASCOT Easy Read (ASCOT-ER) with community dwelling older people with cognitive impairment. This study was conducted in partnership with two local services providers in the Illawarra-Shoalhaven and Southern Highlands, NSW.
- A study to assess the suitability and feasibility of a suite of ASCOT tools (ASCOT Self-Complete and ASCOT-ER) to assess Social Care Related Quality of Life in the Home Care Package population. This was conducted in partnership with IRT in the Illawarra-Shoalhaven and was supported by an international collaboration with Dr James Ciel and Dr Ann-Marie Towers (Personal Social Services Research Unit, University of Kent, UK).
- Interviews with service providers to explore how people with dementia are engaged in care planning and how service providers are working to promote choice and control for HCP clients with dementia.

A national and sustainable sports-based intervention to promote mental health and reduce the risk of mental health problems in Australian adolescent males

Movember Foundation
Total Funding: \$3,973,556
Duration: 2015 – 2018

This project sought to sustainably transform Australian community sports into a vehicle for the promotion of male mental health by formulating, testing, and then embedding an innovative intervention into the ongoing practice of some of the leading peak national sporting bodies. The aim of the project

was to use sport as a coordinated national vehicle to promote mental health and reduce the risk of mental health problems. The outcome was a comprehensive, innovative and coordinated intervention undertaken within a highly engaging medium that can be sustainably translated through leading peak national sporting bodies, in order to make a real and significant impact on the mental health of the adolescent male population in Australia.

Promoting physical activity among young children from disadvantaged communities

National Health and Medical Research Council
Total Funding: \$1,064,324
Duration: 2014 – 2018

The primary aim of the project was to evaluate the effectiveness of a multi-component, multi-setting intervention for promoting physical activity among disadvantaged pre-school-aged children. The research team hypothesised that at mid-intervention (6 months) and post-intervention (18 months), children in early childhood services allocated to the intervention group will participate in 45 minutes per day of physical activity more than children in services allocated to the control group.

The project's secondary aims were to (1) examine the relative effects of the intervention on moderate-to-vigorous intensity physical activity, sedentary time, behavioural self-regulation, adiposity, bone mineral density, and motor skills, and (2) explore the potential mediating and moderating variables, cost-effectiveness and implications for public policy decision making.

Nothing Works? Re-appraising research on Indigenous-focused crime and justice programs

Australian Research Council (ARC)

Future Fellowship Grant

Total Funding: \$925,537

Duration: March 2015 – April 2019

Research on Indigenous-focused crime and justice programs often finds little or no impact on outcomes such as reductions in re-offending. The aim of this project is to determine whether such findings are an accurate reflection of program

ineffectiveness or are a consequence of how the research was carried out. With an analysis of three case studies of crime and justice programs, the research will show why findings that demonstrate no difference in re-offending outcomes may occur, and it will offer a more sound, Indigenous-centric methodology to assess program effectiveness. Comparisons will be made with Indigenous methodologies used in New Zealand and Canada.

Understanding burn injuries in Aboriginal and Torres Strait Islander children: Treatment, access to services and outcomes (The Coolamon Study)

National Health and Medical Research Council

Total Funding: \$872,800

Duration: 2014 – 2019

Burns in children can be a devastating injury, causing life-long scarring, severe psychological trauma and loss of function in multiple domains. Aboriginal and Torres Strait Islander children experience burns at least double the rate of other children.

Having consistent access to high quality care is fundamental to good outcomes in burns care. There are well documented barriers to access to both tertiary and primary healthcare for Aboriginal and Torres Strait Islander people in both urban and rural/remote settings. However, despite the significant burden of burn injury, to date there has been no work that examines care received, or its impact on outcomes in Aboriginal and

Torres Strait Islander children.

This study followed a group of Aboriginal and Torres Strait Islander children in four states – New South Wales, Queensland, South Australia and the Northern Territory – who went to a tertiary burn unit following a burn injury. We examined care received (including cost), described the relationship between care and functional outcome, and identified barriers and facilitators to receipt of appropriate, ongoing care.

This program of research continues, allowing us to work with clinicians, policy makers and community to develop a 'blueprint' for reform of services, to ensure Aboriginal children receive appropriate and cost-effective care, and inform service delivery and future programs.

Microeconomic impacts of Australian natural disasters

Australian Research Council (ARC) Discovery Project

Total Funding: \$403,500

Duration: March 2017 – March 2020

Natural disasters have profound economic and social impacts on individuals and communities; but a comprehensive understanding of these impacts is missing from academic literatures and policy inquiries. This project aims to describe and identify the impacts of Australian natural disasters – such as

the Black Saturday bushfires and Brisbane floods – on important microeconomic outcomes, including health, education and employment. Specific goals are to better understand the variation in outcomes, determinants of resilience, and how impacts evolve over time. The project will provide policy-relevant causal estimates by applying modern econometric techniques to field, survey and administrative data that tracks individuals across time.

Improving medication management in older people

UK National Institute for Health Research (NIHR)

Health Services and Delivery Research Programme

Total Funding: \$388,047

Duration: March 2017 – January 2019

Half of people aged 75 or more live with two or more long-term conditions. Safe and effective use of multiple medicines to manage these conditions can be a challenge for individuals and for health and social care services.

The MEMORABLE study, funded by the NIHR Health Services and Delivery Research (HS&DR) Programme, is seeking to develop a framework to support a multiple discipline and agency approach to help improve medication management in older people. In turn reducing the 5,700 deaths and the 5%-8% of unplanned hospital admissions which are estimated to happen in each year in the UK as a result of medication related adverse events.

Consumer value and the National Disability Insurance Scheme

Australian Research Council Linkage Grant Scheme

Total Funding: \$737,000

Duration: 2015 – 2019

This project seeks to explore a key question of the National Disability Insurance Scheme (NDIS): will service provision improve when service users have the ability to choose? In 2016, roll-out of the NDIS commenced, with nearly half a million people with a disability being able to choose disability services.

The project aims to identify changes in objective and perceived consumer value pre-NDIS and post-NDIS, and differences in how market segments use their autonomy and whether this leads to differences in benefits gained from the NDIS. Findings are intended to contribute to a better understanding of when free market mechanisms serve the needs of their citizens better than traditional means of government support.

ReFocus: The efficacy and appropriateness of Focus Group Discussions for health research in Aboriginal contexts

Australian Research Council (ARC)

Total Funding: \$317,009

Duration: April 2015 – February 2019

Background

This research involves an in-depth investigation into the use of Focus Group Discussions in Aboriginal health services research. The aim of this project is to generate knowledge to inform the accountable, culturally appropriate, ethically sound and methodologically rigorous use of Focus Group Discussions in qualitative Aboriginal health service research.

What we did

Ethical approval was obtained to conduct the project in two stages. In Stage 1, after extensive searches of ARC, NHMRC and commissioned research to identify eligible participants, we successfully recruited participants for both categories of participants for Stage 1 of the project. Semi-structured interviews were conducted either face-to-face or over the phone over a period of 24 months, from August 2016 to August 2018. A total of 34 interviews were completed with researchers from universities, research institutes or consultant companies/agencies, and 21 policy makers from across departments at local, NSW and Commonwealth levels. All relevant agencies at the Local Health District, Primary Health Network, NSW Health, Department of Health and Department of the Prime Minister and Cabinet were contacted to participate. Senior staff and managers with designated roles in Aboriginal health were targeted.

All Stage 1 data were entered and classified in NVivo and qualitative data analysis using framework and thematic approaches were undertaken by multiple members of the research team. The preliminary results of Stage 1 were disseminated via an oral presentation at the Australian Institute of Aboriginal and Torres Strait Islander Studies Conference in Canberra in March 2017, and a poster presentation at the NHMRC-Lowitja Institute Symposium 2017.

For Stage 2, Listening to Aboriginal Voices, ethical approval was obtained in June 2016 following discussions with CEOs of several Aboriginal Medical Services in NSW. Recruitment of organisations and participants to Stage 2 continued into early 2018. Two focus groups were conducted with 15 Aboriginal community participants, and a further 13 in-depth interviews were conducted with staff of Aboriginal Community Controlled Health Organisations (ACCHOs).

The major activity for Stage 3 of the project was the hosting of a Knowledge Exchange Forum at the University of Technology, Sydney in October 2018. The workshop brought together stakeholders, researchers, Aboriginal community members, and ACCHOs to engage in a knowledge exchange forum and facilitate the development of a model with culturally effective guidelines and resources for focus group discussion research in Aboriginal health services. The aim of the Knowledge Exchange Forum was to develop a comprehensive, evidence-informed framework for appraising, designing and undertaking focus group discussion research in Aboriginal health service delivery contexts and guidance on associated training; and explore the feasibility of applying such a framework.

Research activities are nearing completion, with the project to conclude in early 2019. A key outcome from the research will be a model for how focus groups research in health services can be conducted, analysed, disseminated and utilised in a way that is consistent with Aboriginal ways of being, knowing and doing.

Caring for Community: Ngaimpe Aboriginal Corporation “The Glen”

Australian Research Council

Total Funding: \$317,000

Duration: April 2015 – February 2019

Background

This overall aim of this project is to evaluate the contribution that Aboriginal Community Controlled Health Organisations (ACCHOs) have on the health and wellbeing of Indigenous peoples and their communities wherein they operate. The Glen Centre, a drug and alcohol rehabilitation service operated by the Ngaimpe Aboriginal Corporation, volunteered themselves to be a living case study. The Glen is a 37 bed, residential drug and alcohol rehabilitation service on the Central Coast, NSW. The service model is holistic, addressing addiction recovery from a ‘whole of person’ treatment perspective and a philosophy that seeks to restore people as active members of the community.

A strategic host of community partnerships situates the Glen in the centre of a social network which enables them to direct a raft of services to their clients as they pursue recovery. This network is also reciprocated by the Glen’s clients who provide work and services back to those community groups. The overall outcome of this relationship is the enhancement of client wellbeing and the social health of the community. This service model also ensures that the Glen can continue to operate as a holistic drug

and alcohol service, meeting the needs of their community and Indigenous peoples from all over Australia whom are invited into their program.

What we did

A mixed-methods study approach was applied consisting of; surveys, telephone interviews and a focus group, to capture the insights and experiences of the Glens’ key stakeholders, board, staff and volunteers. We thematically analysed these interviews and found a series of themes emerging from them. An overall summary of these themes are that the Glen was described as a unique, diverse and holistic service that changes the lives of each client as well as being an important contributor to the life of the local community. The strongest themes to emerge across all participants were establishment of partnership, connections, maintenance of partnership, and involvement with community.

This project will conclude in early 2019, and has contributed to building an evidence base for the effectiveness of an innovative addiction recovery service, demonstrated the valuable contribution that an ACCHO has to their local community, and how organisational capacity can be built with Aboriginal leadership and through community partnerships.

Encouraging voluntary purchasing of carbon offsets

Australian Research Council Linkage Grant Scheme

Total Funding: \$160,000

Duration: January 2016 – December 2018

Climate change is one of the most critical challenges societies collectively face today and in the future. Voluntary carbon offsetting offers a solution that avoids politically costly mandatory offset schemes. Yet, currently very few people purchase carbon offsets voluntarily; fewer than 10% of air travellers, for example. There is significant untapped growth

potential. This project will:

- profile consumers interested in voluntarily purchasing carbon offsets
- identify motivational sub-segments among them, and
- develop and experimentally test carbon offset offers for domestic flights targeted at these segments.

Findings will generalise beyond carbon offsetting for air traffic.

SUNRISE Surveillance Study of Movement Behaviours in Young Children

Global Challenges Seed Funding

Total Funding: \$12,000

In 2018, the World Health Organization (WHO) will release global 24-hour movement guidelines for the early years. It is important and timely to collect international surveillance data using the new WHO global 24-hour movement guidelines. This would provide the first such international data for the early years and support global efforts to prevent young children from developing obesity and ensure that they reach their developmental potential.

Prior to the commencement of the main study, pilot data needs

to be collected in each of the 32 proposed countries involved in the study. This pilot study will involve 100 children (50 each from a rural and urban setting) and test all the methods and protocols for the main study. Demonstrating feasibility and acceptability will be critical in grant applications for the main study. Pilot studies are taking place in 2018 in 12 countries (Brazil, South Africa, Canada, Papua New Guinea, China, Sweden, Japan, South Korea, Indonesia, Zimbabwe, Pakistan, and Bangladesh) with Australia soon to be the 13th.

Driving Change: Options for driving retirement with over 75 age groups

Global Challenges Project Funding

Total Funding: \$48,380

The overall aim of this research is to develop an understanding about driving retirement for people over the age of 75. We know who 'ceases' driving but evidence is missing about how to best support older people to plan their driving retirement. This project will explore the values and perceptions about driving and driving retirement within this age group, develop and test social marketing messages about driving retirement, and understand

legal aspects of their driving and driving offences.

This research hopes to reduce road accidents and the associated morbidity and mortality; lower rates of depression and social isolation among older people who plan their driving retirement and lower rates of family conflict when older people plan their driving retirement. The findings have the potential to influence policy: public transport and developing innovative mobility options for older people.

Using work/family border theory and job crafting theory to examine how senior academic women successfully progress in their career while balancing family responsibilities

Faculty Research Mentoring Grant

Total Funding: \$5,000

Duration 2018 – 2020

Leading responsibly during unpopular stakeholder decision-making: Evidence from Australia and US

Faculty of Business Seed Funding

Total Funding: \$31,081

Duration: 2017 – 2019

Responsible Business and IT Vlogs: Fashion through an ethical kaleidoscope

Department of Foreign Affairs and Trade (Council for Australian-Arab Relations Grant)

Total Funding: \$22,000

Duration: 2017 – 2018

Accelerating productivity in service sectors through business analytics capability of big data

Faculty of Business Seed Funding

Total Funding: \$17,035

Duration: 2017 – 2019

Teaching And Education

AHSRI held a comprehensive series of seminars, presentations and workshops during 2018. Many AHSRI members also continued their usual teaching responsibilities throughout the year, as well as their role in student supervision which is discussed in the next section of this report.

AHSRI lunchtime seminar series

A series of seminars was conducted at AHSRI throughout the year, with presenters from within AHSRI and external colleagues discussing a wide range of topics.

Date	Presenter	Topic
20 February	Dr Kate Williams Research Fellow, AHSRI	Values development in adolescence: the role of perceived parenting
22 March	Jo Khoo PhD candidate	The role of private health insurance in supporting the care of high-needs patients
18 July	Professor Kathie Clapham Professor (Indigenous Health), AHSRI	Towards a place based model for Aboriginal community-led solutions
15 August	Dr Jennifer Plumb and Dr Kate Williams Project Manager, ACSQHC and Research Fellow, AHSRI	Understanding healthcare effectiveness from the patient's perspective: the promise (and reality) of PROMs
12 September	Dr Shahriar Akter Associate Professor (Digital Marketing, Analytics and Innovation), Faculty of Business	The future of business analytics is in big data
17 October	Professor Kathy Eagar Director, AHSRI	Moving forward with redevelopment of PCOC - the five new modules explained
31 October	Patrick Steele Analyst Programmer, AROC, AHSRI	The Datathon Concept: A new approach to health data collaboration and research

Casemix analytics short course

NCCC's two-day course in casemix analytics continued to be run in 2018. The course is designed to be delivered to groups of staff nominated by their own local health networks or districts, or other health services across Australia.

Day one of the course covers the health system context, the key issues in health service management that may be addressed using analytical techniques and the available statistical tools and methods. The second day extends the learnings from day one to the application of analytical methods to better understand the full context and implications of performance issues and to support transformational change.

During 2018, the course was tailored for and conducted with staff from Silver Chain, a community and home-based health and care provider.

Health economic methods workshop

This workshop was presented by Simon Eckermann, AHSRI's Senior Professor of Health Economics, at the inaugural event 'Movement to Move: Global Insights to Get our Kids Moving', presented by Active Healthy Kids Australia and the University of South Australia in association with the Active Healthy Kids Global Alliance and supported by Sport Australia. The course ran on 26 November, and taught skills in applying the Net Benefit Correspondence Theorem (NBCT) methods developed by Professor Eckermann and colleagues. While simple to use these methods are shown to enable flexible and robust analysis in multiple strategy, multiple domain, efficiency in practice and at individual or population level analysis. Flexibility of the NBCT is conferred by a one to one correspondence uniquely providing radial properties consistent with net benefit and the ability to integrate across dimensions, while coverage and comparability conditions of the method also provide a robust framework for avoiding bias. Such flexibility and robust analysis is illustrated to be key for evaluation of community as well as individual based interventions or strategies and from health promotion interventions in early childhood through to successful ageing and palliative care provision.

Design and implementation of casemix-based funding models

The advanced Patient Classification Systems International (PCSI) school on the design and implementation of casemix-based funding models was run from 23-27 April 2018 in Limassol, Cyprus. The school is an annual week-long event conducted by a faculty of experts from a variety of countries around the world. The program was first introduced in 2011 as an advanced follow on from the casemix school that had been running for several years. Each year attracts an international mix of students.

As in previous years, Associate Professor Janette Green and Dr Conrad Kobel assisted in the design of the week's program. Both were invited to join the faculty of the school as experts in

the statistical methods required to develop and apply funding models and to evaluate the impact of these models. In this capacity they contributed to lectures and practical sessions throughout the week.



Student Supervision

AHSRI members continued their supervision of candidates undertaking Doctoral and Master degrees in 2018. Details are provided in the table below.

AHSRI supervisor	Student	Degree	Thesis title
Shahriar Akter	Saradhi Motamarri	Doctor of Philosophy	Frontline employees' service adaptiveness in big data driven services environment
Shahriar Akter	Heenkenda Mudiyansele Ruwan Jayawickrama Bandara	Doctor of Philosophy	The privacy paradox and information disclosure in digital marketplaces: The moderating role of psychological distance
Shahriar Akter	Taufique Hossain	Doctor of Philosophy	Integration quality dynamics in multichannel services marketing
Kathleen Clapham	Elizabeth Dale	Doctor of Philosophy	Aboriginal psychology: Exploring an Aboriginal framework within a Western psychological domain
Kathleen Clapham	Sarah Frazer	Doctor of Philosophy	Models of burn care and patient journey mapping
Kathleen Clapham	Tracey Ma	Doctor of Philosophy	Financial resources for research evidence uptake in Indigenous preventive health: Applying an ecological systems lens to understand variability in the costs of service delivery and implementation
Kathleen Clapham	Nyssa Murray	Doctor of Philosophy	Improving diversity in corporate Australia: Embedding Indigenous employment strategies into policy and procedures
Kathleen Clapham	Nadia Neal	Doctor of Philosophy	Experiences of First in Family Indigenous Australian University Students and the affects it has on their social and emotional wellbeing
Kathleen Clapham	Hayley Williams	Doctor of Philosophy	Understanding care received and improving access and provision of culturally safe acute care for Aboriginal and Torres Strait Islander children with burn injuries
Kathleen Clapham, Kate Senior	Catherine Moyle	Doctor of Philosophy	Art and urban Aboriginal adolescent identity
Kathleen Clapham, Kate Senior	Joanna Mason	Doctor of Philosophy	A qualitative study on the importance of Indigenous cultural information and perspectives for improving government reporting frameworks and measures
Kathy Eagar	Sean Thorpe	Doctor of Philosophy	Attitudinal segmentation towards self-help services in Australia
Kathy Eagar, Helen Hasan	Joanna Khoo	Doctor of Philosophy	The role of private health insurance in supporting the care needs of people with chronic illness

AHSRI supervisor	Student	Degree	Thesis title
Kathy Eagar, Malcolm Masso	Alex McLaren	Doctor of Business Administration	Evaluation of structural change in primary care: The case of the health care home model
Kathy Eagar, Malcolm Masso	John Powers	Doctor of Business Administration	Understanding the impacts of accreditation to the Australian NSQHS standards on quality and safety in public dental services
Kathy Eagar, Silvia Mendolia	John Slater	Doctor of Business Administration	A Health Outcomes Resource Standard (HORSt) for Australian state public health funding distributions
Kathy Eagar, Lyn Phillipson	Kara Cappetta	Doctor of Philosophy	Examining the impact of dementia on patterns of hospitalisation coding: A longitudinal analysis of hospitalisation admissions and ED attendance in the Illawarra
Joshua Fan	Edmund Chylinski	Doctor of Philosophy	Formation and development of long term sustainable services and infrastructures in provincial government
Joshua Fan	Allan William Jones	Doctor of Philosophy	Using end-to-end supply chain and risk mapping within complex multi network supply clusters to develop a knowledge based system
Joshua Fan	Alberto Ordigoni	Doctor of Philosophy	Enhancing economic impact: An exploratory investigation of value networks within industry clusters
Joshua Fan	Brogan Carly Rylands	Doctor of Philosophy	Manufacturing in Australia: An exploratory investigation of innovation capability enhancements using value stream thinking
John Glynn	Abby Rodwell	Doctor of Business Administration	Role of women executive / non-executive women in the boardroom
John Glynn	Scott Reed Simpson	Doctor of Business Administration	Strategic planning by senior executives
Valerie Harwood	Aunty Carol Speechley	Doctor of Philosophy	The Five Islands People of the Illawarra
Valerie Harwood	Ashleigh Johnstone	Doctor of Philosophy	Understanding the establishment of the AIME Vibe and mentoring model
Helen Hasan	Rhodora Dizon	Master of Management	Cross cultural adjustment support of temporary migrant workers: Case study on overseas Filipino workers (OFW) in Australia
Helen Hasan	Ahmad Rashdan	Doctor of Philosophy	Factors influencing the uptake of e-shopping in the Middle East: A case study of Jordan
Michael Jones	Vivien Forner	Doctor of Philosophy	Motivational effects of planning and autonomy support on wellbeing and performance in the workplace
Elena Marchetti	Fabienne Else	Doctor of Philosophy	Indigenous offender and community experiences of NSW intensive correction orders
Elena Marchetti	Annette Hennessy	Doctor of Philosophy	Domestic Violence in the Land of the Thunder Dragon: How a Buddhist culture protects women and children from domestic violence

AHSRI supervisor	Student	Degree	Thesis title
Elena Marchetti	Rajendra Ghimire	Doctor of Philosophy	Improving access to justice: A study of traditional justice systems (a case study of Nepal)
Elena Marchetti	Michelle Edgely	Doctor of Philosophy	Sentencing of mentally impaired offenders using therapeutic jurisprudence
Elena Marchetti	Heather Nancarrow	Doctor of Philosophy	Finding justice for Indigenous family violence: Bridging the gap between aspiration and reality
Malcolm Masso	Donna Dark	Doctor of Business Administration	Exploring ethical climate types in not-for-profit organisations – implications for ethical decision making
Grace McCarthy	Michael Armour	Doctor of Philosophy	What is the experience of business coaches in relation to supervision?
Grace McCarthy	John Hesketh	Doctor of Business Administration	A study of how leaders can transform themselves and increase their capacity for leadership in a rapidly changing world
Grace McCarthy	Mark Middleton	Doctor of Philosophy	The relationship between feedback, assessment and learning
Grace McCarthy	Simone Sietsma	Doctor of Business Administration	The impact of leader humility on employee performance
Grace McCarthy, John Glynn	Mercedes Hinchcliff	Doctor of Business Administration	Customer loyalty in retail banking
Grace McCarthy, John Glynn	Suzette Skinner	Doctor of Philosophy	Influences on leader efficacy
Silvia Mendolia	Alfiah Hasanah	Doctor of Philosophy (Economics)	Poverty related outcome of migration: The case of Indonesia
Silvia Mendolia	Thi Nguyen	Doctor of Philosophy (Economics)	The impact of family circumstances on work and education: Evidence from Vietnam
Silvia Mendolia	Van Phuc Phan	Doctor of Philosophy (Economics)	An investigation of the measurement of inequality and the causal effects of the pro-poor national targeted programs on inequality in Vietnam
Lorna Moxham	Natalie Cutler	Doctor of Philosophy	The meaning of safety in acute mental health inpatient settings
Lorna Moxham	Carina Anderson	Doctor of Philosophy	Registered nurses' understanding of the nursing standard requirement to provide professional development to nursing students on clinical placements: the theory of doing the right thing
Lorna Moxham	Jane Douglas	Doctor of Philosophy	Early Career Registered Nurses: How and why do they stay? Exploring their disorienting dilemmas
Lorna Moxham	Caroline Picton	Doctor of Philosophy	A phenomenological examination of the experiences of people living with mental illness whilst participating in therapeutic recreation (Recovery Camp)
Lorna Moxham	Caitlin Goman	Bachelor of Nursing (Honours)	Knowledge translation from clinical placement to RN practice

AHSRI supervisor	Student	Degree	Thesis title
Judy Mullan	Adam Hodgkins	Doctor of Philosophy	The use of electronic medical data for research in primary care: A study of lipid lowering medication in the elderly as a case model
Judy Mullan	Adrian Shine	Doctor of Philosophy	Professional practice behaviours among Australian pharmacists
Judy Mullan	Rebekah Hoffman	Doctor of Philosophy	Motherhood and Medicine: Understanding the challenges the doctors who are also mothers face in both their careers and home life
Judy Mullan	Robyn Gillespie	Doctor of Philosophy	Exploring the decision to de-prescribe medication to reduce polypharmacy for older community living adults
Judy Mullan	Kelly Lambert	Doctor of Philosophy	An investigation of the impact of cognitive impairment and low health literacy on facilitating dietary change in people with renal disease and strategies to improve patient outcomes
Judy Mullan	Karumathil Murali	Doctor of Philosophy	The relationship between cognitive function and treatment adherence in patients with chronic kidney disease – potential causes, impact on outcomes and trial of improvement strategies
Judy Mullan	Kerry Watts	Master of Philosophy	Complications arising from the new oral anticoagulants
Judy Mullan	Tim Skyring	Master of Philosophy	Patient decision aids for prostate cancer
Lyn Phillipson	Catherine Andrew	Doctor of Philosophy	How does onset of dementia influence workforce participation of people with dementia?
Lyn Phillipson, Kate Senior	Zoe Richards	Doctor of Philosophy	Exploring the corporate social responsibility strategies of Big Food and their impact on parents and children
Lyn Phillipson, Kate Senior	Kathleen Prokopovich	Doctor of Philosophy	Stigma and uptake of the HPV vaccine
Lyn Phillipson	Catherine Kubel	Master of Philosophy	Knowledge translation as a predictor of usability and effectiveness in decision-support tools for the behavioural and psychological symptoms of dementia
Chris Poulos	Jane Wu	Doctor of Philosophy	Early rehabilitation in trauma and critical illness
Melanie Randle	Amy Bestman	Doctor of Philosophy	Pathways into gambling in regional Australia: Sociocultural and industry determinants
Melanie Randle	Leanne Brereton	Doctor of Philosophy	Pre-adolescent children's perception of the effect of wearing visibly branded clothes on peer status and the affect this has on their brand wearing behaviour
Melanie Randle, Sara Dolnicar	Duncan Rintoul	Doctor of Philosophy	Dynamic response formats in online surveys: Do they give us good data, or are they just pretty toys?
Kate Senior	Laura Grozdanovski	Bachelor of Arts (Honours)	Quality of life, sexuality and disability: Missing discourse of pleasure

Graduates

A number of AHSRI staff members and students supervised by AHSRI members graduated during the year. We congratulate them all on this significant achievement.

AHSRI staff members

Mossamet Nesa, Doctor of Philosophy

“Multivariate Small Area Estimation for Health Indicators”

Supervisors: Associate Professor Robert Clark, Dr Carole Birrell

Darcy Morris, Master of Public Health (Distinction)

Darcelle Wu, Bachelor of Medical and Health Sciences (Honours Class 1)

“Exploring the effects of dance intervention on the psychological wellbeing of older people in Indigenous communities”

Supervisor: Professor Victoria Traynor and Dr Pippa Burns

Sam Burns, Bachelor of Medical and Health Sciences

AHSRI supervised students

Bianca Suesse, Master of Health Services

“Health economic analysis of malnutrition in elderly patients”

Supervisors: Professor Simon Eckermann, Professor Karen Charlton

Martin Murphy, Doctor of Philosophy

“Non-response in Australian education surveys”

Supervisors: Professor David Steele, Dr Carole Birrell

Christian Young, Doctor of Philosophy

“The resilience of urban Aboriginal children and their caregivers”

Supervisors: Professor Kathleen Clapham, Professor Jonathan Craig, Dr Anna Williamson

Teresa Lewis, Doctor of Philosophy

“Becoming a climate-friendly hospital: Implications for nursing practice within the Australian healthcare context”

Supervisors: Professor Lorna Moxham, Dr Marc Broadbent, Professor Richard Fleming

Ellie Taylor, Doctor of Philosophy

“Self-determination in the context of personal recovery from mental illness: Exploration of a therapeutic recreation experience termed Recovery Camp”

Supervisors: Professor Lorna Moxham, Dr Dana Perlma

Meylianti Sulungbudi, Doctor of Philosophy

“The effects of supplier development, relationship variables and market orientation on performance improvement in the Indonesian automotive industry”

Supervisor: Dr Shahriar Akter



Collaborations

AHSRI and its members actively participate in various national and international research collaborations.

AHSRI continued to foster collaborations within UOW in 2018. While some of our strongest links are with colleagues in our own Faculty of Business, we also have established connections with the Faculty of Science, Medicine and Health and Faculty of Social Sciences, and continue to seek to strengthen our links with the Faculty of Engineering and Information Sciences and Faculty of Law, Humanities and the Arts. Within the AHSRI team, several Associate Members come from other UOW faculties; we value the important contributions made by these members and the significant role they play in promoting cross-faculty collaboration. The work of these members is showcased throughout this report, highlighting the wide range of projects AHSRI contributes to. Partnerships within UOW are also

strengthened by our academic secondment program which facilitates academics from across the campus to work with us for a fixed period of time. For example, Associate Professor Judy Mullan (CHRISP Director) continued her secondment from the School of Medicine (Faculty of Science, Medicine and Health), while Dr Lyn Phillipson from the School of Health and Society (Faculty of Social Sciences) continued in her position as an NHMRC-ARC Dementia Fellow at AHSRI in 2018. The various NHMRC and ARC linkage projects described in the 'Competitive research grants' section of this report provide further examples of our diverse academic and research partnerships.

AHSRI also has several Honorary Fellows and Professorial Fellows from other Australian universities, and we continue to



Professor Eagar and colleagues at the World Health Organization Western Pacific Region Meeting To Inform the Development of a Regional Action Plan on Rehabilitation for the Western Pacific, 6-8 March 2018, Manila, Philippines.

strive to maximise synergies between our work and the work of other leading researchers. One of our most notable examples of alliance with other universities is the Palliative Care Outcomes Collaboration (PCOC); the national program funded by the Australian Government Department of Health is a collaboration between the University of Wollongong, University of Western Australia, University of Technology Sydney and Queensland University of Technology.

Throughout 2018 we continued to develop and maintain strong connections to influential industry partners. These include government authorities and local health districts, as well as non-government organisations, industry groups, private providers and health insurance groups. Through these partnerships, the application and influence of our research both locally and nationally is evident. An exciting new collaboration is a project with local residential aged care facilities within the Illawarra, which commenced upon AHSRI being awarded a Wicking Trust grant in 2018. The goal of the project is to collaborate with these facilities to improve and provide optimal end of life care at the right time, place, and by the right people for aged residents.

We are also pleased to note that our regional research and data sharing collaborative between AHSRI and the Illawarra Shoalhaven Local Health District (ISLHD), established in 2016, has continued to thrive into 2018. CHRISP connects data for health and medical research in the Illawarra which are then available for use in ethically-approved research and for planning and evaluation projects which aim to improve the health of the population of the Illawarra and beyond.

Individual AHSRI staff and members continued their work on international collaborations. For example, in her role as a temporary adviser to the World Health Organization Regional Office for the Western Pacific, Professor Kathy Eagar attended a meeting in Manila, Philippines. The meeting, held between 6 and 8 March, informed the development of a regional action plan on rehabilitation for the Western Pacific. In addition,

Professor Eagar continued her collaboration with the Cicely Saunders Institute, King's College in London, working on the C-CHANGE project with leading palliative care researchers and clinicians from two English universities and two NHS Trusts. Frances Simmonds represented AROC at the 12th International Society of Physical and Rehabilitation Medicine (ISPRM) World Congress, held between 8 and 12 July in Paris, France. Dr Marlene Longbottom's postdoctoral work has led to new relationships and research opportunities between Australian Aboriginal and Native Hawaiian communities. Furthermore, Associate Professor Janette Green and Dr Conrad Kobel continued their work with the Executive Committee of Patient Classification Systems International (PCSI) and were both invited to join the faculty of the school as experts in the statistical methods required to develop and apply funding models and to evaluate the impact of these models. Several other AHSRI staff maintained their membership of various international committees. These include the dementia working group for the International Consortium Health Outcomes Measurement (ICHOM), the International Society for Quality of Life Research (ISOQOL), the Standards Australia Working Party advising the International Standards Organisation (ISO), and the Association for Information Systems Taskforce on Outreach.

Finally, AHSRI has been involved with the Health Services Research Association of Australia and New Zealand (HSRAANZ) since its inception in 2001, and we continue to subscribe as a corporate member. The HSRAANZ supports and promotes the conduct and dissemination of applied research to improve the delivery and organisation of health services in Australia and New Zealand.

In The Media

The work of AHSRI and its associate members was highlighted in the media throughout 2018. A selection of stories are listed below.

UOW researchers share in more than \$6 million in ARC funding

Illawarra Mercury
29 November 2018

Environment of trust helps Indigenous teens re-engage with education system

ABC News
25 October 2018

UOW academic nabs coveted mentor role with World Health Organization

Illawarra Mercury
25 October 2018

RUCS shares preliminary findings

Australian Ageing Agenda
28 August 2018

Research from UOW and UNSW shows what people are reading

Illawarra Mercury
20 August 2018

Gong social enterprise sprooks the benefits of Googling grandparents tackling the digital divide

Illawarra Mercury
16 May 2018

Experts from UOW and UNSW explain internet users often give away more than they realise

Illawarra Mercury
1 May 2018

Strength and balance training could reduce falls among elderly, new research shows

SBS News
21 April 2018

UOW's Associate Professor Shahriar Akter explains our media habits after new Roy Morgan Research

Illawarra Mercury
5 April 2018

Researchers flag concerns with department's survey

Community Care Review
15 February 2018

Quality and funding dominate aged care agenda

Australian Ageing Agenda
9 February 2018

In addition to these stories, the significance of AHSRI and its work was accorded further public acknowledgment when the Institute was selected as the featured research organisation in a new health film series. AHSRI was featured in a series of video productions developed by the Australasian College of Health Service Management through ASN Media.

The short film focused on the broader 'systems and services' component of health management in Australia. The Institute's research and outcomes was told through two case studies (aged care and access to emergency care) that explain how AHSRI's research is being applied in the real world. The film series is aimed at those involved in the health sector, academics in the field of health service research and development and the community more broadly.



Publications

Publications produced by AHSRI staff and associate members in 2018 are listed below. Many are available on UOW's Research Online open access digital archive (<http://ro.uow.edu.au/ahsri>).

Book chapters

1. Fosso Wamba S, Kala Kamdjoug JR, Akter S and Carillo K (2018) ERP adoption and use in production research: An archival analysis and future research directions. In Al-Sharhan S, et al. (Eds.), *Challenges and Opportunities in the Digital Era. I3E 2018. Lecture Notes in Computer Science*, Vol. 11195. Cham: Springer.
2. Harwood V and Allan J (2018) Medicalising the behaviour of children in disadvantaged contexts: Challenges from the field. In Boufoy-Bastick B and Cook LD (Eds.), *International cultures of educational inclusion*, (pp. 123-140). Strasbourg: Analytrics.
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- ### Conference presentations
102. Allingham SF and Clapham S (2018) The majority of palliative care patients are not in pain at end of life. 7th Biennial Conference for Palliative Care Nurses Australia, Brisbane, 20-21 May 2018.
 103. Bandara R, Fernando M and Akter S (2018) Is the privacy paradox a matter of psychological distance? An exploratory study of the privacy paradox from a construal level theory perspective. *Proceedings of the 51st Hawaii International Conference on System Science* (pp. 3678-87). Hawaii, United States: University of Hawaii at Mānoa.
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 105. Burns P, Mohanan L, McAlister B, Jordan M, Lago L, Potter J and Mullan J (2018) Hospital admissions due to medication misadventure; a six year study. *Public Health Prevention Conference*, Sydney, 2-4 May.
 106. Clapham S, Allingham SF and Eagar K (2018) A comparison of symptom outcomes between hospital and home. 7th Biennial Conference for Palliative Care Nurses Australia, Brisbane, 20-21 May 2018.
 107. Clapham S and Allingham SF (2018) The majority of palliative care patients are not in pain at end of life. 7th Biennial Conference for Palliative Care Nurses Australia, Brisbane, 20-21 May 2018.
 108. Clark K (2018) A population study to explore the prevalence and severity of bowel problems in palliative care. 10th World Research Congress of the European Association for Palliative Care, Bern, Switzerland, 24-26 May 2018.
 109. Davis S, Lambert K, Huber D and Murali K (2018) Renal Resistive Index predicts the presence of renal parenchymal disease but not the rate of progression. *Australian New Zealand Society of Nephrology Annual Scientific Meeting*, Sydney, 19 September 2018.
 110. de Wolf-Linder S, Dawkins M, Wicks F, Pask S, Eagar K, Evans CJ, Higginson I and Murtagh F (2018) Which outcome domains are important in palliative care and when? Results of an international expert workshop. 10th World Research Congress of the European Association of Palliative Care, Bern, Switzerland, 24-26 May 2018.
 111. Duncan C and Triandafilidis Z (2018) Carer recognition in the Home Care Packages Program. 51st Australian Association of Gerontology (AAG) Conference – Advancing not retiring: Active players, a fair future, Melbourne, 21-23 November 2018.

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112. Eagar K (2018) Pain outcomes for cancer in Australia (Keynote address). Faculty of Pain Medicine at the Joint ASM for Pain, Anaesthesia and Surgery, Sydney Convention Centre, 8 May 2018.
 113. Eagar K (2018) Residential aged care: The Resource Utilisation and Classification Study (RUCS). ACSA Finance Symposium, Adelaide, 23 February 2018.
 114. Eagar K (2018) Digitised health and analytics: data mining and research to improve health and health care in the Illawarra Shoalhaven. NSW LHD Council of Chairs, University of Wollongong, March 2018.
 115. Eagar K (2018) Aged Care Assessment Forum. Brisbane South PHN, Brisbane, May 2018.
 116. Eagar K (2018) Patient outcomes for cancer in Australia. Australian and New Zealand College of Anaesthetists (ANZCA) Annual Scientific Meeting, Sydney, 7-11 May 2018.
 117. Eagar K (2018) Palliative Care Outcomes Collaboration (PCOC). Palliative Care Interjurisdictional Group, 30 May 2018.
 118. Eagar K (2018) A national model for improving patient outcomes: the Palliative Care Outcomes Collaboration. Department of Health, Canberra, July 2018.
 119. Eagar K (2018) Resource Utilisation and Classification Study – Developing and alternative funding for residential aged care. Australian Nursing & Midwifery Federation (SA Branch) Professional Conference, Adelaide, 1-2 August 2018.
 120. Eagar K (2018) Resource Utilisation and Classification Study (RUCS) Residential Aged Care Preliminary Findings. National Aged Care Alliance, Canberra, 9 August 2018.
 121. Eagar K (2018) Palliative Care Outcomes Collaboration (PCOC): evidence-based improvement of patient, family and carer outcomes. CEO Roundtable on Palliative Care, Western Australia, September 2018.
 122. Eagar K (2018) A national model for improving patient outcomes: future development of the Palliative Care Outcomes Collaboration. AHSRI Seminar, University of Wollongong, 17 October 2018.
 123. Eagar K (2018) Choices at end of life: palliative care, euthanasia and other end of life decisions. 2018 Palliative Care NSW Biennial Conference, Kiama, 10 November 2018.
 124. Eagar K (2018) Key findings of the National Resource Utilisation and Classification Study. Council on the Ageing (COTA) Financial Sustainability in Aged Care Conference, Sydney, 21-22 November 2018.
 125. Gillespie R, Mullan J and Harrison L (2018) Does health literacy level influence older adults' attitudes toward de-prescribing? Australian Association of Gerontology, Melbourne, 21-23 November 2018.
 126. Gillespie R, Mullan J and Harrison L (2018) Attitudes of community living older adults toward de-prescribing their medications. Australian Association of Gerontology, Melbourne, 21-23 November 2018.
 127. Hammond A, Bonney A, Mullan J, Mazza D, Russell G, Radford J, Peterson G, Eckermann S, Batterham M and Zwar N (2018) Investigating the effectiveness of quality incentive payments in general practice: EQuIP-GP Trial. PHC Research Conference: Measuring & Improving Value in Primary Health Care, Melbourne, 1-3 August 2018.
 128. Hepburn K, Lambert K, Mullan J, McAlister B, Lonergan M and Hassan HC (2018) Peritonitis as a risk factor for cardiovascular events in peritoneal dialysis patients. Australian New Zealand Society of Nephrology Annual Scientific Meeting, Sydney, 19 September 2018.
 129. Lambert K, Bird L, Borst A, et al. (2018) Food as medicine? Preliminary results of a pragmatic clinical trial to determine the safety and efficacy of using nuts to improve bowel health in haemodialysis patients. Australian New Zealand Society of Nephrology Annual Scientific Meeting, Sydney, 19 September 2018.
 130. Michael N, Connolly A, Allingham S, O'Callahan C and Connolly J (2018) Effect of a model of early integration on palliative care inpatients: Interrupted time series analysis of standardized national outcomes. Australian and New Zealand Society of Palliative Medicine 2018 Conference, Sydney, 6-9 September 2018.
 131. Michael N, Connolly A, Allingham S, Sulistio M, O'Callaghan C and Connolly J (2018) Effect of a model of early integration on palliative care inpatients: Interrupted time series analysis of standardized national outcomes. 10th World Research Congress of the European Association for Palliative Care, Bern, Switzerland, 24-26 May 2018.
 132. Pai N, Westley-Wise V, Lago L, Facci F, Zingel R, Mullan J and Eagar K (2018) Trends and patterns in unplanned readmissions to ISLHD hospitals following admissions for mental diseases and disorders. Royal Australian and New Zealand College of Psychiatrists 2018 Congress, Auckland, New Zealand, 13-17 May 2018.
 133. Pearson R, Mullan J, Bonney A, Halcomb E and Dijkmans-Hadley B (2018) GP delivered medical care to Australian RACF residents: a 360 degree view. GP18: The RACGP Conference for General Practice, Gold Coast, 11-13 October 2018.
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Funding

Type	Description	2018 Funding
Faculty Infrastructure		\$1,746,795
Research Income	Palliative Care Outcomes Collaboration (PCOC)	\$2,610,771
	Australasian Rehabilitation Outcomes Centre (AROC)	\$1,633,490
	electronic Persistent Pain Outcomes Collaboration (ePPOC)	\$957,403
	Centre for Health Research Illawarra Shoalhaven Population (CHRISP)	\$665,981
	Resource Utilisation and Classification Study	\$1,383,397
	Evaluation of the Pathways to Community Living Initiative	\$400,000
	Silver Chain Casemix Capacity Development	\$250,634
	Aboriginal Community Controlled Health Organisations (ACCHOs) Evaluation (Phase 2)	\$153,010
	Specialist Dementia Care Program (SDCP): Monitoring and Evaluation Framework	\$141,680
	Aboriginal Community Controlled Health Organisations (ACCHOs) Evaluation (Phase 1)	\$140,578
	Evaluation of the LikeMind Pilot	\$128,741
	Evaluation of the Lifeline Text Pilot Trial	\$94,736
	Tackling Indigenous Smoking Innovation Grant (Waminda)	\$54,654
	Aboriginal Healthy Hearts Translational Research Project	\$43,000
	SESLHD Clinical Documentation Improvement Program	\$37,664
	Patient Reported Outcomes Measures (Project Support)	\$34,125
	First Response: Integrating trauma-informed care	\$28,256
	Evidence check to identify people with a disability accessing health service	\$26,664
	School Kids Aboriginal Mentoring Program (SKAMP)	\$10,341
	Strong Foundations Evaluation	\$9,052
	Medcast Project	\$8,000
	ISLHD Outcomes Workshop	\$4,500
	C-CHANGE Research Program	\$811
Total Research Income		\$8,817,487

Note: This table excludes funding administered by other parts of the University of Wollongong and by external research collaborators.

Members

AHSRI works as a strong multidisciplinary team with many researchers having previous experience working in policy, management and clinical positions in the health system. The qualifications and expertise of staff range across more than 20 disciplines.

During 2018, AHSRI had over 100 members, including full-time and part-time staff from each of the Institute's centres, as well as external research associates.

A full profile for each member is available at <http://ahsri.uow.edu.au/staff>.

Kathy Eagar	Elizabeth Dale	Luise Lago	Joanna Russell
Shahriar Akter	John Daniels	Kelly Lambert	Peter Samsa
Tara Alexander	Dominic Dawson	Karen Larsen-Truong	Janet Sansoni
Samuel Allingham	Julie de Clouet	Suanne Lawrence	Heike Schütze
Cathie Andrew	Sara Dolnicar	Marlene Longbottom	Kate Senior
Xanthe Barker	Cathy Duncan	Carol Loggie	Frances Simmonds
Elizabeth Beattie	Simon Eckermann	Claire Manning	Grahame Simpson
Sonia Bird	Joshua Fan	Elena Marchetti	Louisa Smith
Gaye Bishop	Nicolas Fenwick	Joanna Mason	Milena Snoek
Pippa Blackburn	Mario Fernando	Danni Masso	David Steel
Julie Blacklock	David Fildes	Malcolm Masso	Patrick Steele
Megan Blanchard	Karen File	Wendy Maxwell	Carrie Sutherland
Cheryl Blissett	Linda Foscett	Branden Maynes	Hilarie Tardif
Layne Brown	John Glynn	Brendan McAlister	Cristina Thompson
Ngiare Brown	Martin Gold	Grace McCarthy	Daniel Thompson
Meredith Bryce	Robert Gordon	Rodney McMahon	Lucie Thompson
Pippa Burns	Janette Green	Jenny McNamee	Alexander Tome
Sam Burns	Lewis Green	Silvia Mendolia	Dave Webster
Donna Byham	Pam Grootemaat	Christine Metusela	Anita Westera
Jacquelin Capell	Danika Hall	Darcy Morris	Victoria Westley-Wise
Kara Cappetta	Callum Harvey	Lorna Moxham	Alyce White
Niki Cirillo	Valerie Harwood	Judy Mullan	Janelle White
Kathleen Clapham	Helen Hasan	Mossamet Nesa	Diane Whiting
Sabina Clapham	Sue Jenkins	Cecile Paris	Jane Whitelaw
Tom Cleary	Keryn Johnson	Lyn Phillipson	Kathryn Williams
Alanna Connolly	Michael Jones	Christopher Poulos	Darcelle Wu
Jane Connolly	Margaret Jordan	Karen Quinsey	Heather Yeatman
Tim Coombs	Freidoon Khavarpour	Melanie Randle	Karen Zwi
Elizabeth Cridland	Conrad Kobel	Nicole Rankin	
Elizabeth Cuthbert	Rebecca Lachlan	Erin Ritchie	



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